

**MEDICAL QUESTIONNAIRE PRIOR TO ANESTHESIA, MEDICAL PROCEDURE(S),  
SURGERY AND HOSPITALIZATION.**

Current medical problems:

- Has your pet had any previous problems with anesthesia?      Yes      No  
Does your pet have any known drug or food allergies?          Yes      No  
Does your pet have any history of seizures?                  Yes      No  
Is your pet currently taking any medications?                Yes      No

If you answered, "yes" to any of these questions please give more details below.

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Pre surgical fasting:

My pet has been fasted of all food since 11pm the previous evening:    Yes    No. The following food was given at the following time: \_\_\_\_\_

Pre-anesthetic blood screen:

Before administering anesthesia to your pet, we will perform a full physical examination. However, many conditions including disorders of the liver, kidney, or blood are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery. Occasionally, a surgical procedure may be postponed to treat a medical problem first. For this reason we require a blood screen before anesthesia is administered on any patient over 2 years of age.

The blood tests have recently been performed in the last 45 days and the results were satisfactory.

I understand that bloodwork will be required before anesthesia.

Mass removals:

- I would like a histopathology (tissue analysis) performed at an additional cost.  
 I would not like a histopathology to be performed.  
 Not applicable.

Date\_\_\_\_\_

Signature of Owner or Agent\_\_\_\_\_

**ANESTHESIA, MEDICAL PROCEDURE(S), SURGERY AND HOSPITALIZATION CONSENT  
FORM**

Owners Name: \_\_\_\_\_ Pet's  
Name: \_\_\_\_\_ Species \_\_\_\_\_

Name of attending veterinarian(s) \_\_\_\_\_ Admitting  
Staff \_\_\_\_\_

Anesthetic, medical and/or surgical procedure(s) to be performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment plan signed by client:     Yes     No

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** \_\_\_\_\_ **I am not** \_\_\_\_\_ (check one) eighteen years of age or over and authorize the veterinarian(s) and support personnel at this practice to perform the above procedure(s) and the procedure(s) on the treatment plan.

I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet.
- Sufficient details of the procedure(s) to understand what will be performed.
- How fully my pet will recover and how long it will take.
- The most common and serious complications and risks.
- The length and type of follow-up care and home restraint required.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

In the event that my pet needs to be hospitalized beyond the first day, I understand that veterinary care will be transferred to a local emergency clinic. In the event the attending veterinarian deems overnight hospitalization to be necessary, I elect to:

- a) \_\_\_\_\_ take my pet home with me against the veterinarian's recommendations, or  
b) \_\_\_\_\_ transfer my pet to a local emergency clinic where overnight veterinary supervision is available at my expense.

I have read and understand the nature of the above procedures and give my consent to proceed.

Date \_\_\_\_\_ Signature of Owner or  
Agent \_\_\_\_\_

Contact Numbers: 1<sup>st</sup>. choice \_\_\_\_\_ 2nd. Choice  
\_\_\_\_\_