



Anesthesia Information Form

Your pet will be having a procedure that requires general anesthesia. To help ensure the best anesthetic experience for your pet, please take a moment to read through this questionnaire and answer the questions. Your answers will help us to recommend and provide the best care for your pet which may require additional medications or changes in our anesthetic protocols that are not included in our promotional pricing.

- 1.) Did your pet experience nausea, vomiting or diarrhea after a previous anesthetic procedure? **YES or NO**

- 2.) Was your pet interested in eating the night of the anesthetic procedure? **YES or NO**

- 3.) Do you feel your pet displayed signs of delayed recovery after anesthesia, such as not returning to normal activity (if allowed) or normal behavior within 24 hours of returning home? **YES or NO**

- 4.) Did your pet exhibit signs of break through pain? (i.e. excessive vocalization, pawing or rubbing face, restlessness, inappetence) If yes, please explain: _____

- 5.) To your knowledge, has your pet had previous dental extractions? **YES or NO**

- 6.) Approximately when was your pet's last anesthetic procedure: _____

- 7.) Has your pet experienced complications caused by anesthesia? **YES or NO**
If yes, please explain: _____

- 8.) Has your pet had any previous major medical illnesses or surgeries? **YES or NO**
Please list: _____

- 9.) Please list all current medications or supplements your pet is currently taking: _____

Owner Name: _____ Patient: _____ Date: _____