

PET NAME: _____

SURNAME: _____

Health Check Questions BEFORE Anaesthetic or Sedation:

1. Has your pet been sick/unwell lately? YES / NO
2. Has there been any weight changes? YES / NO
3. Has your pet had any previous anaesthetics? YES / NO
4. If so, where there any problems? YES / NO
5. Is your pet on any medications? YES / NO
6. Were any medications given today? YES / NO
7. Has your pet had access to food/water today? YES / NO
8. Are there any problems you are concerned about? YES / NO
10. Has your pet suffered from Fitting / Epilepsy? YES / NO

DESEXING

- Testicles (both) ----- YES / NO
- Umbilical Hernias----- YES / NO
- Retained baby canine teeth----- YES / NO
- Dew Claws Front / Hind, removal required? YES / NO
- On Heat or Pregnant (females only) ?----- YES / NO

LUMPS

Location -exact location? Details: _____

Any new lumps? _____

PRE-ANAESTHETIC BLOOD TEST

We will use our best judgment in selecting the most appropriate sedative / anaesthetic agent to accomplish this task, however we do recommend a Pre Anaesthetic Blood test to help us to find any pre-existing internal problems that may not be evident physically.

If you would like our Vets to phone you to explain this further please circle: YES / NO

MICROCHIP IDENTIFICATION

Would you like your pet to have a microchip today ? YES / NO

PAIN RELIEF

Do you consent to additional pain relief for your pet, if required ? YES / NO

A small fee will be charged.

SIGNED: _____ SIGNED: _____

(OWNER)

DATE: ____/____/____