



Clear Creek Animal Hospital

Pre-Anesthetic Form

Owner's Name _____ Pet's Name _____ Email _____

Procedure(s) _____

Is there anything else we need to address while your pet is under anesthesia?

Has your pet had any previous surgeries? _____ Yes _____ No Were there any complications? _____ Yes _____ No

Please describe the complications _____

Was the recovery normal? _____ Yes _____ No Was the recovery prolonged? _____ Yes _____ No

Is your pet on medication for seizures? _____ Yes _____ No

Please list the medications _____

Is your pet on any medications? (This includes allergy medicines, heartworm prevention, flea and tick prevention, behavioral medication, joint supplements, and human medicine like aspirin or Tylenol.) Please list them below:

Have there been any changes in water intake or appetite? _____ Yes _____ No

Any recent vomiting, diarrhea, coughing or sneezing? _____ Yes _____ No

Has your pet been urinating and defecating normally? _____ Yes _____ No

Any known allergies to medications or food? _____ Yes _____ No

Any signs of illness in the past 24 hours? _____ Yes _____ No

Are your pet's vaccines up to date? _____ Yes _____ No

Have you noticed any of the following: _____ Abnormal bleeding/bruising _____ Fainting _____ Seizures

_____ Unexplained weakness _____ Excessive thirst _____ Difficulty passing urine or stool?