

Date: _____

This area is for office use only. Affix office labels here.

Your pet will be undergoing a general anesthesia today. The doctors and staff at the Brockville Animal Hospital would like your help evaluating your pet prior to anesthesia by completing this form and bringing with you to your pet's admittance. Please answer the following questions:

	No	Yes	If yes, please provide details
Coughing			
Sneezing			
Vomiting			
Diarrhea			
Seizures			
Weakness			
Excessive Drinking			
Loss of Appetite			
Have you noticed any signs of heat?			
If yes, when was the last heat?			
When was the last time your pet ate?			
When was the last time your pet drank?			
Please list any medication or supplements your pet is taking and when were they given last?			
Does your pet have any known allergies to medications? Yes No			
Has your pet had any known reactions to anesthesia? Yes No			
If your pet requires any vaccinations would you like us to give them while here? Yes No			
If not already, would you like us to microchip your pet? Yes No			
Do you have any other concerns or requests for your pet's stay with us?			

Pre-Anesthetic Blood Testing

Our Veterinarians recommend pre-anesthetic blood work before all procedures requiring anesthetic. A full examination is performed, but blood work will give us more insight into your pet's well being. Many disorders of the liver and kidneys are not detected unless blood testing is performed.

For these reasons, we always recommend blood screening before any anesthetic procedure. If you would like your pet to have pre-anesthetic blood work please let us know and we will be happy to give you pricing.

Yes, I would like my pet to have pre-anesthetic blood work before anesthetic.

No, I decline the recommended blood screening for my pet and am aware of the risks involved with anesthetic.

Please indicate the best contact information where we can reach you on DAY OF SURGERY:

Would you like us to text or email you? And please confirm the number/address:

Sometimes we like to take a photo of patients during their visit with us. Do we have your permission to post your pet's photo on our Facebook page if we take a picture today?

Yes No Initial _____

Owner/Guardian Signature: _____

Please call the office with any questions, concerns or updates throughout the day. We will contact you using the information you have provided, but please call us if we have not contacted you or in the event that we have not been able to get in touch with you.

Thank you for trusting us with the care of your pet.

**The Brockville Animal Hospital Team
681 Stewart Blvd., Brockville, ON
Phone: 613-345-3401
E-mail: info@brockvillevet.ca**