



# Medical Questionnaire

Pets Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you aware of any metal in your pet's body? (i.e. BB's, plates, pins)  YES  NO

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2. Does your pet have a pacemaker?  YES  NO

3. If female, could your pet be pregnant?  YES  NO

4. Does your pet have any allergies that we need to be aware of?  YES  NO

If yes, please list all allergies below:

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5. Has your pet had any surgeries in the past 3 months?  YES  NO

Describe: \_\_\_\_\_

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6. Has your pet been under anesthesia before?  YES  NO

a. What was used (if known)?

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b. Did they have any problems recovering from the anesthesia?  YES  NO

7. What past medical problems has your pet had? (i.e. heart, lungs, seizures, etc)

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8. Does your pet have any special issues we should be aware of?  YES  NO

a. blind/deaf  YES  NO

b. fear of strangers  YES  NO

c. fear of men/women  YES  NO

d. fights restraint  YES  NO

e. needs muzzled  YES  NO

f. phobias (loud noises, storms, touching their feet, etc)  YES  NO

g. other (please list) \_\_\_\_\_

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9. Please list any medications your pet is currently taking: \_\_\_\_\_

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