

Medical Questionnaire

1. Are you aware of any metal in your pet's body? (i.e. BB's, plates, pins) YES NO 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 Describe:	Pets Name:		Date:
3. If female, could your pet be pregnant?	1. Are you aware of any me	etal in your pet's bo	ody? (i.e. BB's, plates, pins) □ YES □ NO
4. Does your pet have any allergies that we need to be aware of?	2. Does your pet have a pa	cemaker? □YES	S □NO
Describe: 5. Has your pet had any surgeries in the past 3 months?	3. If female, could your pet	be pregnant? □	YES □NO
5. Has your pet had any surgeries in the past 3 months?	4. Does your pet have any	allergies that we n	eed to be aware of? ☐YES ☐NO
Describe: 6. Has your pet been under anesthesia before?	Describe:		
6. Has your pet been under anesthesia before? □YES □NO a. What was used (if known)? 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) 8. Does your pet have any special issues we should be aware of? □YES □NO a. blind/deaf □YES □NO f. phobias (loud noises, storms, touching their feet, etc) □YES □NO b. fear of strangers □YES □NO c. fear of men/women □YES □NO d. fights restraint □YES □NO	5. Has your pet had any su	rgeries in the past	3 months? □YES □NO
a. What was used (if known)? b. Did they have any problems recovering from the anesthesia?	Describe:		
7. What past medical problems has your pet had? (i.e. heart, lungs, seizures, etc) 8. Does your pet have any special issues we should be aware of? a. blind/deaf YES NO b. fear of strangers YES NO c. fear of men/women YES NO d. fights restraint YES NO			
8. Does your pet have any special issues we should be aware of?	b. Did they have any p	roblems recovering	g from the anesthesia? ☐ YES ☐ NO
a. blind/deaf	7. What past medical probl	ems has your pet	had? (i.e. heart, lungs, seizures, etc)
a. blind/deaf	8 Does your net have any	special issues we	should be aware of? □YES □NO
b. fear of strangers		•	
c. fear of men/women			
d. fights restraint LIYES LINO	_		g. other (please list)
e. needs muzzled	d. fights restraint	□YES □NO	
	_	□YES □NO	
9. Please list any medications your pet is currently taking:	9. Please list any medication	ons your pet is cur	rently taking: