



08/05

ANESTHESIA/SEDATION INFORMATION

CANADA WEST VETERINARY SPECIALISTS AND CRITICAL CARE HOSPITAL
1988 Kootenay Street
Vancouver, B.C. V5M 4Y3

Your pet is here for a procedure that requires a general anesthetic or sedation. Please take a moment to complete this Information Form so that we may serve you and your pet better.

PATIENT'S NAME: _____
(First and Last Name)

When was the last time your pet ate? _____

Does your pet have any food allergies, food restrictions, or special diet considerations? No Yes
If yes, please explain:

Is your pet currently taking any medications, including vitamins or supplements? No Yes
If yes, please list the name, dosage, and frequency, **and the last time they received them:**

Did you bring your pet's medications with you? No Yes

Does your pet have any allergies or had any adverse reactions to any medications? No Yes
If yes, please explain:

Please comment on any change in your pet's condition or additional information that may be important for the Specialist to know:

Do you have any questions or concerns **PRIOR** to the procedure being performed?

DATE: _____ SIGNATURE: _____