



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

2. Does your pet have a pacemaker? YES NO

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

4. Does your pet have allergies to chicken or egg? YES NO

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

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

g. other (please list) _____

c. fear of men/women YES NO

d. fights restraint YES NO

e. needs muzzled YES NO

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