



SNN Surgery Questionnaire

PETS FIRST & LAST NAME

Please **CIRCLE** yes or no for all of these questions.

If yes, please explain.

1. Is your pet in heat or pregnant? YES / NO

2. Is your pet on any medications? YES / NO

List Medications: _____

3. Has your pet had any previous surgeries? YES / NO

List : _____

4. Has your pet ever had seizures? YES / NO

If Yes, are they on medication for it? What Medication? _____

5. Has your pet ever had vaccine reactions? YES / NO

If yes, to what vaccine(s)? _____

6. Is your pet vomiting or having diarrhea? YES / NO

7. Is your pet coughing or sneezing? YES / NO

8. Is there ANYTHING else you would like us to know about your pet prior to having surgery today?
