

The Cornelius Clinic at
 Citizens for Animal Protection
 17555 Katy Frwy
 Houston, Tx 77094
 Phone 281-497-0591
 Clinic 281-600-8500
 Fax 281-497-1537
 CorneliusClinic@CAP4Pets.org



MUST BE FILLED OUT WITHIN 24 HOURS OF SCHEDULED SURGERY APPOINTMENT
Pre-Anesthetic/Surgery Questionnaire

Owner Name : _____ Pet Name : _____

Contact Phone Number(s) : _____

- Last time your pet had any food or treats?	_____	
- How long have you had the pet?	_____	
- Has your pet been sick in the past week?	YES	NO
- Has your pet had any diarrhea/vomiting in the past week?	YES	NO
- Has your pet had any changes in level of activity, appetite, and/or water consumption?	YES	NO
- Has your pet had any prior health problems or injuries?	YES	NO
- Has your pet ever had a seizure?	YES	NO
- Did your pet have any flea bath or dip in the past 2(two) weeks?	YES	NO
- Date of last topical or oral flea prevention.	_____	
- Is your pet on Heartworm Prevention? Type? _____	YES	NO
- Has your dog been tested for Heartworms in the past 6(six) months?	YES (Neg / Pos) NO	
- If no to above, would you like to test your dog today for \$22?	YES	NO
- If your pet is female, when was her last heat cycle?	_____	
- Is it possible she could be pregnant?	YES	NO
- Has she given birth in the last 2 months?	YES	NO
- Does your pet have a valid rabies vaccination certificate? (please attach a copy)	YES	NO
- If no, a rabies vaccination will be given to your pet for \$10 as required by law	Initial	_____

- List any allergies or reactions to medications your pet has. _____

- List any medications your pet is on, including dosage & time given. _____

- If requesting a Microchip, please list an Emergency Contact Name & Phone number other than yourself.
