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 medication 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 Veterinarian to know:

________________________________________________________

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

________________________________________________________

________________________________________________________

Breanne Galloway, D.V.M
Teresa Millar, D.V.M
Emese Bonniere, D.V.M

100 - 7020 Francis Road
Richmond, BC V6Y 1A2
stevestonvethospital.com
604-274-9938
admin@stevestonvethospital.com
CPR Consent: Cardiopulmonary resuscitation, or CPR, is the emergency treatment used for cardiac or respiratory arrest. DNR, “do not resuscitate”, means no lifesaving efforts are to be initiated in the case of cardiac or respiratory arrest. I understand that if I consent to CPR, I am responsible for paying the fees associated with this. I also understand that despite the best efforts, CPR may not be successful.

☐ CPR - I wish for Steveston Veterinary Hospital to perform CPR on my pet in case of cardiac or respiratory arrest.

☐ DNR - I do not want CPR performed on my pet.

Date:____________________  Signature:____________________