

**THIBODEAUX ANIMAL HOSPITAL**  
**Pre-Surgical Questionnaire**

Date \_\_\_\_\_ Client \_\_\_\_\_ Patient \_\_\_\_\_

1. At what time was your pet's last meal?
2. When was your pet's last water intake?
3. Has your pet had a poor appetite at any time during the last 2 weeks?    Yes    No  
    If yes, when?
4. Has your pet been lethargic (listless, less energy, etc.) within the last 2 weeks?    Yes    No  
    If yes, when?
5. Has your pet had diarrhea or constipation within the last 2 weeks?  
                                    Yes-Diarrhea    Yes-Constipation    No  
    If yes, when, and has it resolved?
6. Has your pet vomited within the last 2 weeks?    Yes    No  
    If yes, how many times and when?  
    When was the last time your pet vomited?
7. Has your pet had any trouble breathing within the last 2 weeks?    Yes    No  
    Any coughing/gagging?    Yes    No  
    If yes, describe:
8. Have you given your pet any over-the-counter medications in the last few days?    Yes    No  
    If yes, what medication?
9. Have you given your pet any prescription medications (prescribed by us or another veterinarian) in the last few days?    Yes    No  
    If yes, what medication?

If you answered yes to any of questions 3-7, then we strongly recommend pre-anesthetic bloodwork to rule out any potential problems with anesthesia. This bloodwork will check for kidney/liver problems, blood sugar, etc. and a CBC for signs of anemia or infection.

Preferred contact phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date