



T: 604-473-4882
F: 604-473-4898
referrals@canadawestvets.com

CANADA WEST
VETERINARY SPECIALISTS

PET OWNER FORM

1988 Kootenay Street
Vancouver, BC V5M 4Y3
canadawestvets.com

Anesthesia / Sedation Information

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.

OWNER NAME: First: _____ Last: _____ Mr. Mrs.
PET'S NAME: _____ Ms. Dr.

1 When was the last time your pet ate? _____

2 Does your pet have any food allergies, food restrictions, or special diet considerations? Yes No

If YES, please explain:

3 Is your pet currently taking any medications, including vitamins or supplements? Yes No

If YES, please list the name, dosage, and frequency, and the last time they received them:

4 Did you bring your pet's medications with you? Yes No

5 Does your pet have any allergies or had any adverse reactions to any medications? Yes No

If YES, please explain:

6 Please comment on any change in your pet's condition or additional information that may be important for the Specialist to know:

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

Date: _____

Signature: _____