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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:

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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:**

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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:

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

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

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**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: \_\_\_\_\_