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Anaesthesia Consultation Questionnaire

Owner's
Full Name:

Animal's Name:

Animal's Temperament:

☐ calm ☐ anxious ☐ aggressive ☐ energetic

Indication for General Anaesthesia (for which examination/surgical procedure?):

Current Health Status:

Appetite:

☐ no recent changes ☐ increased ☐ decreased
☐ not eating

Thirst (water intake):

☐ no recent changes ☐ increased ☐ decreased
☐ none (not drinking)

Weight:

☐ no change over the past year ☐ weight gain ☐ weight loss
Over what period? How much?

Activity:

☐ no change / normal (plays willingly, goes for walks) ☐ decreased
☐ increased ☐ lies down most of the time

Pain Symptoms:

☐ none ☐ apathetic ☐ vocalising (howling, whining, meowing) ☐ limping
☐ painful on touch ☐ assumes abnormal positions (e.g. hunched posture, tucking the abdomen, etc.)
For how long? Other:

Vaccinations in the
past year:

☐ none ☐ rabies ☐ other infectious diseases
If more than a year ago – when? For what?

Tests (cats only):

FIV:

FeLV:

☐ none
☐ positive ☐ negative
☐ positive ☐ negative

Deworming within the last 3 months:

☐ yes ☐ no

Is the animal currently protected against fleas and ticks?

☐ yes ☐ no

Has the patient shown any neurological symptoms recently?
☐ none ☐ seizures ☐ altered consciousness ☐ balance disorders ☐ sudden aggression ☐ stopped jumping onto elevated surfaces ☐ bumping into objects ☐ circling Since when? How often? When was the last episode? Other:
Does the animal show any concerning signs related to movement (musculoskeletal system)?
☐ none ☐ lameness ☐ abnormal gait ☐ reluctance to play ☐ muscle tremors ☐ difficulty moving the head ☐ difficulty climbing up/down stairs Since when? Other:
Does the patient have any skin problems?
☐ none ☐ skin lesions (rash, scabs, etc.) ☐ wounds ☐ hair loss ☐ allergic changes ☐ scratching ☐ excessive licking of fur ☐ licking paws Since when? Other:
Does the animal have any problems related to the cardiovascular or respiratory system?
☐ none ☐ sneezing ☐ coughing ☐ decreased exercise tolerance ☐ fainting ☐ wheezing ☐ snoring ☐ voice change ☐ shortness of breath Since when? How often? In what situations (excitement, exercise, during sleep, always)? Other:
Does the patient show any concerning gastrointestinal symptoms?
☐ none ☐ food allergies ☐ vomiting ☐ regurgitation ☐ diarrhoea ☐ difficulty passing stool ☐ constipation For how long? How often? Other:
Does the animal have any problems related to the urinary or reproductive system?
☐ none ☐ discharge from the genital tract ☐ frequent urination ☐ urinating outside the litter box ☐ urination during sleep/rest ☐ increased urine output ☐ decreased urine output ☐ difficulty urinating (e.g. dribbling) ☐ inability to urinate ☐ signs of pain during urination (vocalisation, straining, etc.) For how long? Other:
Other currently identified health problems:
Chronic diseases:
☐ none Which? Since when?
Current Medications:
Which? Since when?

Has the patient been anaesthetised in the past?	☐ yes ☐ no
When? For what reason?	
Were there any problems during anaesthesia?	☐ yes ☐ no
If yes, what kind?	
Were there any problems during recovery (prolonged recovery, marked agitation, vocalisation)?	☐ yes ☐ no
If yes, what kind?	
Were there any problems or concerning symptoms within 3 weeks after general anaesthesia?	☐ yes ☐ no
If yes, what kind? How long did they last?	
Date and owner's signature:	