



animal
eye center

Presurgical Questionnaire

- ✓ Does your pet have any medical conditions such as a heart murmur, or seizures? _____

- ✓ Does your pet have any respiratory (breathing) problems? _____

- ✓ Has your pet ever been placed under general anesthesia, such as for a dental cleaning or growth removal? If so how long ago were these procedures performed? _____

- ✓ Did your pet experience any difficulties with anesthesia? _____

- ✓ Not including topical eye medications, monthly heartworm or flea prevention, is your pet currently on any medications? If so, what are they? _____

- ✓ Does your pet shake his or her head? Do they shake their toys, or play tug of war? _____

- ✓ Does your pet have any food allergies? Does your pet require a specific diet? _____

- ✓ Is your pet a diabetic? _____

Diabetic questionnaire

- ✓ How long has your pet been a diabetic? _____
- ✓ What type of insulin does your pet take? _____
- ✓ Do you give insulin once or twice daily? _____
- ✓ How much insulin do you give? _____
- ✓ Is your pet on a specific diet? If so, what is it? _____
- ✓ How much do you normally feed your pet? _____
- ✓ What times do you normally feed and give insulin? _____ AM _____ PM