

Pre-Anesthesia Consent Form

OWNER 'S NAME _____
DATE _____ CONTACT NUMBER _____

PET 'S NAME _____

PROCEDURE TO BE PERFORMED _____

NOTE: ALL VACCINATIONS MUST BE CURRENT BEFORE SURGERY. PROOF IS REQUIRED.

PLEASE READ CAREFULLY AND SIGN.

Your pet is in for anesthesia/surgery and should do fine. We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring your pet to be in a low risk category during anesthesia. By performing this important pre-op blood profile, we will be able to rule out any pre-existing internal problems that may not be evident physically, but could lead to serious complications. There is an additional fee of _____ for these important procedures.

Please indicate your choice by signing on the line below the appropriate response.

Please complete the blood work you recommended prior to surgery on my pet.
If abnormalities are found please call and inform me at the above number.

Signature of owner or responsible agent

I have decided to REFUSE the pre-op blood work at this time and request that you continue with the surgical procedure.

Signature of owner or responsible agent