

Consent for Pre-Anesthetic Blood Profile

If submitting this form within 24 hours of your scheduled appointment, please print page and bring

Information

Your pet is in for anesthesia or an elective surgery and will be given a full physical examination prior to anesthetic agents. However, in order to reduce the risk of problems during surgery, it is advised that a profile be performed. This profile will help rule out any pre-existing internal problems that may not be evident on a physical exam that could lead to complications. There is a \$75.00 fee for this important lab test. We realize this is an additional procedure, but we feel it is important to offer the best care for your pet.

Consent

Please initial below.

_____ YES, perform the recommended blood work prior to surgery on my pet.

_____ NO, I have decided to refuse the blood work at this time and request you proceed with the procedure. I understand and accept the risk of performing this procedure without the recommended blood work.

We recommend the administration of pain medication after surgery to reduce the pain and discomfort during recovery. This service ranges in cost from small (\$21.00), to medium (\$28.00).

_____ YES, please administer post-surgical pain medication to my pet, in order that my pet recover comfortably.

_____ NO, I have declined the post-surgical pain medication administration. I understand my pet may experience discomfort which may prolong the recovery process.

Signature: _____ Date: _____

