

ANESTHESIA CONSENT FORM

OWNER:		PATIENT:	DATE:
PROCEDURE:			
Pre-Anesthetic Blo	ood Profiles (looking for	organ/blood abnormalities):	
even for elective pro electrolyte abnorma	ocedures. This bloodwork p lities, evaluating all blood c	rovides a thorough evaluation of live	ctors to ensure your pet is able to clot its
ACCEPT	DECLINE	ALREADY PERFORM	ED ON:
If your pet is over 7	s (evaluating Heart and L years of age, we suggest ch DECLINE	est x-rays to evaluate the heart and t	o rule out hidden lung problems. ED ON:
Our greatest concern Intravenous fluids ca	an be administered during a y situation develop. These	et. An intravenous catheter will be p	essure and allow administration of drugs
your pet and link the	gs become hard to read. Be em back to you if lost or sto		", it can be used to permanently identify a permanent source of identification. The ration for you.
ACCEPT	DECLINE	ALREADY IMPLANTE	D:
that with ar risks. I understan initiate life: I further un	d that all reasonable care a ny anesthetic procedure, th d the procedures to be per saving procedures in the ev derstand that no guarantee , and furthermore that I ass	ere are risks involved, including deat formed and the risks involved. I also ent of an emergency.	rmance of the procedures. I understand h, and I accept responsibility for those understand the doctors and staff may ertify that I have read and understand II charges related to the above
Signed Owner/Age	 		t Contact Number