



## Pre-Anesthetic Testing Profile Consent Form

Dear Pet Owner:

Your pet is scheduled for a surgical procedure requiring the use of anesthesia. We, like you, consider your pet's well-being to be our highest priority. Prior to anesthesia, we will perform a full physical examination to identify any pre-existing medical conditions that may potentially cause complications. In conjunction with a physical exam, we strongly recommend a Pre-Anesthetic blood test profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatment.

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please check one and sign:**

Please perform the recommended Pre-Anesthetic profile prior to administering anesthesia to my pet.

I decline the recommended Pre-Anesthetic blood test prior to administering anesthesia to my pet. I also understand the increased risk of complications by not performing these tests before undergoing anesthesia. I assume full responsibility for this decision concerning my pet's health.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_