

For office use only. DP



**PRE-ANESTHESIA BLOOD SCREEN/  
SURGERY CONSENT FORM**

**PLEASE READ CAREFULLY AND SIGN BELOW**

**Name(printed) \_\_\_\_\_**

Since your pet is in the hospital for anesthesia/surgery, we will be performing a full preoperative examination before administering the anesthesia. In addition to a physical exam, we will conduct a pre-op blood profile for the purpose of insuring your pet to be in the low risk category prior to anesthesia. We will be able to rule out many pre-existing internal problems that may not be evident physically, but could lead to serious complications.

In addition, Central Animal Hospital strongly advises dental treatments to be performed at the time of another operative procedure, if appropriate. Combining the two procedures reduces additional anesthetic risk and is cost efficient.

**PLEASE INDICATE YOUR APPROVAL OF THESE PROCEDURES:**

I hereby consent and authorize the doctors and staff at Central Animal Hospital to treat, prescribe or perform \_\_\_\_\_ (surgical procedure) upon \_\_\_\_\_ (name of pet[s]).

Central Animal Hospital will use all reasonable precautions against injury, escape, or destruction of the above-mentioned animals(s). If today's procedure requires anesthesia, I understand that in an effort to reduce risk to my pet(s), a physical exam and pre-anesthetic blood work will be needed for my pet(s) prior to administration of anesthesia. I also understand that by administering anesthesia, there may be some risk for my pet.

Although Central Animal Hospital doctors and staff take every reasonable precaution to ensure the safety and well-being of my pet(s), I, the owner of said animal(s), also understand that there may still be certain risks involved with treatment, anesthesia, surgery, and general care. In the unlikely event my pet(s) experiences cardiopulmonary arrest, Central Animal Hospital will perform cardiopulmonary resuscitation unless directed otherwise by me, the owner. Emergency procedures will be over and above authorized estimate. I assume responsibility for all risks and will not hold the Central Animal Hospital doctors or staff liable or responsible in any manner whatever, or for any circumstance in conjunction with the care, treatment or safekeeping of the animal(s).

I have been given the opportunity to ask questions regarding this procedure and all questions have been answered to my satisfaction.

I was provided an estimate of cost for today's surgical procedure.

**Do Not Resuscitate order**

In addition to today's procedure please perform the following:

Home Again Implant

Nail Trim

Nail Dremel

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_