

**CONSENT FORM FOR ANESTHESIA/SURGERY**

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

Owner's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ months or years Male or Female: \_\_\_\_\_

Procedure: \_\_\_\_\_



**PRE-ANESTHETIC BLOOD TESTING**

Just as with humans, blood work should be performed on any pet undergoing an anesthetic procedure to help us determine the overall health status of that pet. This is especially important since pets cannot verbally communicate with us. This blood work gives us an insight on how your pet's kidney and liver function is as well as possible problems with the blood such as infections or anemia. If any abnormalities exist, it could adversely affect how your pet handles the anesthesia. If results are within normal limits we will proceed with the procedure as scheduled.

\*Please call our office for the current price of the pre-anesthetic blood work.

**\*\*FOR THE WELL-BEING OF YOUR PET, THIS IS REQUIRED ON ALL SENIOR PATIENTS (7 years of age or older).**

\_\_\_\_\_ **YES**, I want my pet to have a pre-anesthesia blood screen.  
INITIALS

\_\_\_\_\_ **NO**, I do not want my pet to have a pre-anesthesia blood screen  
INITIALS

\_\_\_\_\_ My pet has had blood work done within the last year.  
INITIALS

**MICROCHIPPING**

Microchipping provides a safe, simple and permanent form of pet identification designed to quickly identify lost pets and reunite them with their owners. While your pet is under anesthesia we can implant the microchip giving you peace of mind knowing your pet has a better chance of being returned home should he/she ever get lost. Anesthesia is NOT required for microchipping. Should you decide to do this later, it can be done as a regular office visit without anesthesia. \*We take care of all the paperwork for you!\*

\*Please call our office for the current price of a microchip for your pet.  
**Would you like your pet to have a microchip implanted today ?**

\_\_\_\_\_ **YES** I want my pet to get a microchip.  
INITIALS

\_\_\_\_\_ **NO** I do not want my pet to get a microchip.  
INITIALS

\_\_\_\_\_ My pet already has a microchip.  
INITIALS

**Pet's First and Last Name:** \_\_\_\_\_

I hereby authorize Dr. Kirby J. Warren and/or his designated associates to perform the above mentioned procedure(s).

I have been advised as the nature of the procedure(s) and the risks involved. I understand that complications including but not limited to infections, cardiac arrest and death could result. I acknowledge that no guarantee has been made as to the result or care.

**Please also know that while we take great care in reducing the spread of infections, should your pet not be current on his/her vaccinations we will not be held responsible for any illnesses contracted related to vaccines while they are in our facility.**

I assume full financial responsibility for this animal and agree to pay in full at time of release unless other financial arrangements have been made prior to these procedures.

**\*\*\*** Please be sure that **ALL** questions have been checked before signing. Unchecked areas will prohibit us from performing any procedures on your pet today.

\_\_\_\_\_  
Owner or Authorized Agent's Signature

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner or Authorized Agent