



4113 Spring Garden Street
Greensboro, NC 27407-1609
(336) 855-5821

Anesthesia/Surgery Consent Form

Client ID:
Client Name:
Address:

Telephone:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We **HIGHLY RECCOMEND** a blood profile screening for all animals, especially for animals older than 7 years of age. We hope you understand the need for these important tests.

I DO I DO NOT wish to have the pre-surgical blood work run today. Please be aware that this is an **additional cost** of \$128.

By signing you agree to the above procedures and labwork:

Signature:

Date:

Contact Number for Today:

Special Requests for Today/During Anesthesia: Nails

(Nails / Ears / Etc)

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