

# Anesthesia Consent Form

I, the undersigned, do hereby certify that I am the owner or duly authorized agent of the owner of the animal described below.

I do hereby give the veterinarians of All Creatures Animal Hospital the authority to perform professionally accepted anesthetic procedures necessary for this animal's treatment. I also authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's judgment.

I authorize the use of appropriate anesthetics.

I have been advised as to the nature of the procedures and the risks involved in performing anesthesia to this animal and that the results cannot be guaranteed.

I have read and understand this authorization consent.

## Preanesthetic Blood Work Recommendations

We recommend preanesthetic blood work to help ensure your pet is a low-risk patient. These test results will serve as a reference should your pet become ill in the future.

\_\_\_\_\_ Profile I **Healthy pets younger than 5 years** \$32.00  
Complete blood count (assess anemia, infection, clotting)  
BUN and Creatinine (kidney)  
Glucose (sugar)  
Total Protein (hydration)  
ALT (liver)

\_\_\_\_\_ Profile II **Pets 5 years or older** \$57.50  
**Pets with questionable health status**  
Includes all tests in Profile I plus:  
ALB (protein)  
Calcium (certain cancers)  
Potassium  
Cholesterol  
Bilirubin (liver)  
Phosphorus  
Globulin (immune status)  
Amylase (pancreas)

\_\_\_\_\_ I am declining the recommended preanesthetic blood work and request that you proceed with anesthesia. I assume full financial responsibility for this animal.

Patient's Name \_\_\_\_\_ ID # \_\_\_\_\_

Owner/Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_