

**SURGICAL/GENERAL ANESTHESIA
PRE-ANESTHETIC**

OWNER'S NAME _____ DATE _____

PET'S NAME _____

PROCEDURE TO BE PERFORMED _____

Does your pet have any of the following problems? (Please circle)

Coughing Sneezing Vomiting Diarrhea Changes in Appetite Seizures

Other _____

NOTE: ALL VACCINATIONS MUST BE CURRENT BEFORE SURGERY IS PERFORMED.

Please read carefully and sign.

Your pet is in for anesthesia/surgery and should do fine. We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-op blood profile to be performed for the purpose of ensuring your pet to be in a low risk category during anesthesia. By performing this blood profile, we will be able to rule out any pre-existing internal problems that may not be evident physically, but could lead to serious complications.

Healthy pets less than 7 years of age.

Cost: \$95.00

**Geriatric pets/Sick pets 7 years and older

Cost: \$110.00

Please complete the blood work you recommended prior to surgery on my pet. If abnormalities are found, please call and inform me at the above number.

I have decided to **REFUSE** the pre-op blood work at this time and request that you continue with the surgical procedure.

Signature of owner or responsible agent

Signature of owner or responsible agent

**** Pre-Anesthetic blood work is mandatory for pets 7 years of age and older.**

HOMEAGAIN – Pet Microchip Identification \$65.00 ___ YES ___ NO