



Date _____

Owner _____ Pet _____

Procedure(s) _____

ANESTHETIC/PROCEDURE CONSENT

I am the owner and/or the responsible party for the above named pet. I authorize the performance of the above named procedure(s). I consent to the administration of anesthetics, drugs, IV fluids, or other medications that are considered necessary or advisable by the attending veterinarian. I understand that there are possible risks and complications associated with anesthesia. I understand that if any unforeseen conditions arise, the veterinarian and the staff will provide the support necessary until myself or another responsible party can be contacted.

PREOPERATIVE BLOOD PANEL CONSENT

Part of anesthetic protocol is assessing the general health of your pet, prior to the procedure being performed. In addition to having your pet examined by the veterinarian, you also have the option of having preoperative blood work done. This is done prior to anesthesia and includes a complete blood count, blood cell morphology, liver/kidney evaluation, and electrolyte evaluation.

**THERE IS AN ADDITIONAL CHARGE OF TO PERFORM THESE TESTS
please contact the clinic for current pricing at 612-825-6859**

Please indicate your choice and sign below:

- YES, please complete the recommended tests
- NO, I decline the recommended tests at this time.

Signature _____

Please leave a phone number(s) where we can reach you today:
