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ANESTHETIC CONSENT FORM

However, many		uding disorders of the liver, kidn	neys, or blood, are not detected unle	will perform a full physical examination cass blood testing is performed. Such test and screening before such procedures.
PRE-ANESTH	ETIC BLOODV	WORK CONSENT:		
uses to filter and or decreased ox	esthesia out of th tygen carrying ca	e blood stream. It also includes a apacity of the blood cells, among	a complete blood count which helps	nce these are the primary organs the bod s screen for any signs of infection, anemi lly equipped and staffed to perform thes gery.
() YES () NO	I want my pet to have pre-anesthetic bloodwork. I do not want my pet to have pre-anesthetic bloodwork.			
LASER TECH	NIQUE CONSE	ENT:		
Laser technique	uses a surgical c	autery laser in place of a tradition	nal scalpel blade, the laser offers sev	veral benefits such as:
*Less bleeding This also decrea	 laser seals sm ses surgical time 	all blood vessels during surgery, , thus reducing the length of time		rm surgeries with extraordinary precision
() YES () NO	I want my pet to have laser surgery. I do not want my pet to have laser surgery.			
IV CATHETE	R PLACEMEN	Γ CONSENT:		
	•	of an intravenous catheter during in case of an emergency.	all anesthetic procedures. This all	lows us to have quick, available access t
 YES I want my pet to have an IV catheter placement. NO I do not want my pet to have an IV catheter placement. 				
I understand	that the above	options are additional fees	that will be added to surgical	costs.
Owner's name (print)		Owner's Sig	gnature	Date
ADDITIONAL	PROCEDURE	S: (check with technician for mo	ore information)	
□ ea □ an □ sai		ND FELINE rabies distemper intestinal parasite screen drontal flea and tick preventive	CANINE ONLY ☐ heartworm test ☐ heartworm preventative ☐ lepto vaccine ☐ lymes vaccine ☐ bordetella	FELINE ONLY ☐ feline leukemia/FIV test ☐ feline leukemia ☐ FIV