

# Pre-Anesthetic Consent Form

Please Read Carefully and Sign

Owner \_\_\_\_\_ Pet(s) \_\_\_\_\_ Date \_\_\_\_\_

- Any previous allergies or problems with anesthetics? YES/NO (please circle one)**

I, the owner, or authorized agent of this pet, give permission for the following anesthesia and surgical or dental procedure. I understand that during the procedure unforeseen conditions may be revealed that could be a risk to my pet's life and may require an extension of the below procedure in an effort to save my pet's life. I consent to and authorize the performance of such techniques as necessary in the veterinarian's professional judgment.

- Dentistry/**Extractions (as deemed necessary for the health of the pet) additional fees apply**  
 De-clawing (Front 2/All 4)  
 Other \_\_\_\_\_

## Pre-Anesthetic Blood Screening

All pets receive a thorough physical examination before the anesthesia. This clinic uses the safest inhalant anesthesia available. To further minimize risk to your pet's life during anesthesia **we recommend a pre-anesthetic blood screen** for an additional fee, similar to those used in human hospitals; to ensure your pet has no hidden medical problems not detected on the physical exam. This helps maximize your pet's safety during and after the procedure.

The blood test will assess basic blood, kidney, liver and gastrointestinal functions. It does not test for allergies to anesthetics, which are very rare.

The **additional** fee for the pre anesthetic blood screening is:  
Puppies or kittens (6 months or younger) \_\_\_\_\_,  
adult pets (up to 8 years) \_\_\_\_\_, and geriatric pets (over 8 years) \_\_\_\_\_.

**I have read this form and agree to additional blood work.**

**I have read this form and decline additional blood work.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**I would like my pet to have laser surgery (additional fee).**  
(YES / NO please circle one) Please Initial \_\_\_\_\_

**I would like my pet to receive an injection for pain for an additional \$30.**  
(Yes/No – Please circle one) Please Initial \_\_\_\_\_

**Today's** Daytime Contact Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

- I do request an estimate for the procedure.

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