

CENTRAL HOSPITAL FOR VETERINARY MEDICINE

24 HOUR CARE **■** We're always here

Surgical and Anesthetic Consent Form

Patient Label:	Date:
	Doctor Name:
	Reason for Admission:
Pre-Anesthetic Blood Testing Consent: Like you, our greatest concern is the well being will perform a full physical examination. However, kidneys and blood are not detected unless blood.	g of your pet. Before putting your pet under anesthesia we ver, many conditions, including disorders of the liver, od testing is performed.
A simple basic screen of major organ systems screen. Pets of all ages benefit from the basic	is the minimal recommendation for a pre-anesthesia healthy pre-anesthesia blood screen.
Therefore, in middle aged and senior pets over In addition, the results of these tests will serve	unctional decreases in their bodies, just as in ours. 7 years old, we recommend an expanded profile of tests. as reference values for future use if your pet becomes ill. Results are immediately available before anesthesia low.
YES, I want my pet to have the exp NO, I do not wish for my pet to have	c pre-anesthetic blood screen \$77.00 panded pre-anesthetic blood screen \$96.00 ve a pre-anesthetic blood screen. llready been done at my veterinarian's office.
Signature:	Date:
Telephone numbers where you can be reached	d at all times today:
Notes to doctor:	