

**Handsboro Animal Hospital
1445 E. Pass Road
Gulfport, MS 39507
228-896-3613**

Anesthesia/Surgery Consent Form

Date:

**Client ID:
Client Name:
Address:**

**Patient ID:
Pet's Name:
Species:
Breed:
Sex:
Birth Date:**

**Telephone:
Color:**

Markings:

Your pet will be undergoing general anesthesia plus a surgical procedure today. In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a blood profile for geriatric animals (animals older than 7 years).

There is an additional charge for these blood tests. We hope you understand the need for these important tests.

I DO _____ DO NOT _____ wish to have the pre-surgical blood work run today and I fully understand the risks that are involved with anesthesia. (Please initial above).

Signature _____ Print Name: _____

CONTACT NUMBER