Kings Row Pet Hospital Pre-Anesthetic Blood Testing Consent Form

Please read carefully and sign

Client (Last, First)	Patient (Pet)	BW	Age (Years/Months)	Client #
Your pet is scheduled for a anesthetic blood testing and	procedure that requires a	nnesthesia. V	We would like to take this of important for the health of	opportunity to explain why pre-
Like you, our greatest conceperform a full physical example compromise the health of y	nination to identify any	our pet. Be existing me	fore putting your pet under dical conditions that could	anesthesia, a veterinarian will complicate the procedure and
strongly recommend that a	pre-anesthetic blood pro	file (a comb	oination of blood tests) be	our pet's health problems, we performed prior to anesthesia. ian would run if you were to
It is important to understand however, greatly reduce the treatment in the future.	I that a pre-anesthetic ble risk of complications as	ood profile well as ide	does not guarantee the absontify medical conditions the	ence of complications. It may, nat could require medical
PLEASE INDICATE Y	OUR CHOICE BEL	OW:		
{ } PT & APPT (clott	ing capability)		Cost: \$72.30	
	ensive Chem (H)			8
{ } Microchip (includ	es registration fee and fir	st year ben		
If your pet has a Cardiac Ar	rest, do you wish us to a	dminister C	PR? [YES] [NO] Initia	ls
Kings Row Pet Hospital is I recommend that you transfe provide a comfortable and of treat your pet during the hospital	er your pet to the Animal quiet recovery, but we do	Emergency NOT have	Center. Pets may be kept personnel present in our fa	in our hospital overnight to acility overnight to observe or
Initials				
assume full financial respon	sibility for this animal. I g a physical exam alone.	understand	I that a medical condition n	nt you proceed with anesthesia. In an exist which would be ld be at risk if such a condition
Signature of Owner		Date	Phone Numbe	er(s) Revised: 08-02-22