

**BUCKHEAD ANIMAL CLINIC
SURGERY AND PRE-ANESTHESIA SCREENING CONSENT**

DATE:

OWNER'S NAME: _____

PET'S NAME: _____

TODAY'S CONTACT INFORMATION: _____

PROCEDURE/S: _____

WE ADVISE PRE-ANESTHETIC BLOODWORK FOR *ALL* PETS UNDERGOING ANESTHESIA AND/OR SURGERY. A PRE-ANESTHETIC BLOOD SCREENING ALLOWS US TO EVALUATE THE FUNCTION OF INTERNAL ORGANS WHICH WILL BE DIRECTLY AFFECTED BY THE ANESTHESIA. OUR GOAL IS TO IDENTIFY AND MINIMIZE POSSIBLE RISKS DURING ANESTHESIA.

A PRE-ANESTHETIC BLOOD SCREENING IS ESSENTIAL FOR PETS SEVEN YEARS AND OLDER.

****THERE IS AN *ADDITIONAL LAB FEE* FOR PRE-ANESTHETIC BLOOD SCREENINGS.****

PLEASE INDICATE, AS OWNER/AGENT, WHETHER YOU ELECT THE SCREENING FOR YOUR PET:

PLEASE PROCEED WITH PRE-ANESTHESIA BLOOD SCREENING FOR MY PET. YES NO

I AM AWARE OF THE POTENTIAL RISKS PRESENTED TO MY PET BY ANESTHESIA AND SURGERY.

SIGNATURE: _____

IF YOU HAVE FURTHER QUESTIONS REGARDING ANESTHESIA OR BLOOD SCREENING, PLEASE CALL OUR OFFICE AT 404.873.3771.

PRE-ANESTHESIA PHYSICAL EXAM CHECKLIST (FOR CLINIC USE)

	WNL	ABNORMAL	COMMENTS
COAT & SKIN			
EYES			
EARS			
NOSE & THROAT			
MOUTH & TEETH & GUMS			
ABDOMEN			
CNS			
GI			
UROGENITAL			
HEART			
CHEST			
LEGS & PAWS			