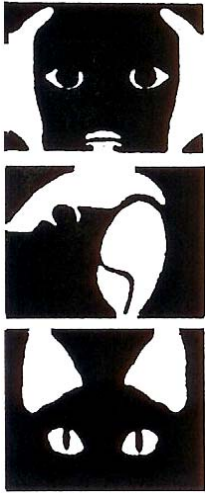


Surgery and Pre-Anesthetic Consent Form



Client _____ Patient _____ Age _____ Date _____

PLEASE READ CAREFULLY

- Did your pet eat this morning? YES___ NO___
- Have you noticed any vomiting, coughing, sneezing, diarrhea, seizures, abnormal urination or limping? YES___ NO___
- Has your pet had any illness or injury in the past 30 days? YES___ NO___
- Has your pet had any reactions to medications, anesthesia, or vaccines? YES___ NO___
- Is your pet currently on any medications? YES___ NO___
 - Name _____ Dosage _____
 - Name _____ Dosage _____
- Has your pet had a fecal exam in the last 6 months? YES___ NO___
- Has your pet been checked for heartworms in the last 6 months? YES___ NO___

ACCREDITED PRACTICE



Pre-anesthesia

Like you, our greatest concern is the well being of your pet. As standard procedure, we will be performing a full examination on your pet. For their safety, performing pre-anesthetic blood work and an EKG is highly recommended by the doctors for all pets. Any pet that is **6 years or older must have** this pre-anesthetic procedure prior to any anesthesia. A pre-anesthetic profile includes a CBC, a pre-anesthetic chemistry panel, and the use of an EKG to detect any early stages of dehydration, anemia, diabetes, heart and or liver disease failure. The pre-anesthetic profile is similar to the procedure performed on us before we are put under anesthesia. If the pre-anesthetic profile is not performed, complications may occur due to anesthesia. Our clinic is committed to making this technology available for your pet and their health.

PLEASE INDICATE YOUR CHOICE BY CHECKING THE APPROPRIATE BOX

- () Please **complete** the pre-anesthetic blood work prior to surgery.
- () I have decided to **decline** the recommended pre-anesthetic blood work.

Procedure to be performed:

I give Bayshore Veterinary Clinic my consent to examine, prescribe for, treat, and perform the procedure stated above, on my pet. I understand the risks involved and will not hold the hospital responsible for any complications that may occur during the surgical procedure.

PLEASE SIGN BELOW AND INCLUDE A PHONE NUMBER SO YOU CAN BE REACHED BY ONE OF OUR STAFF AFTER THE PROCEDURE TODAY.

Signature: _____ Date _____

Phone # _____ Or # _____