

HAMBY ROAD ANIMAL HOSPITAL

3785 HAMBY ROAD - ALPHARETTA, GA 30004

770-521-1314

CLIENT

PATIENT

AGE

DATE

PROCEDURE REQUESTED: _____

PRE-ANESTHETIC BLOOD TESTING CONSENT FORM

Please read carefully and sign:

Your pet is scheduled for **general** anesthesia, and/or surgery. Before putting your pet under **general** anesthesia, we will perform a full physical exam. We also recommend a pre-anesthetic blood profile to alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease (conditions which could otherwise pass undetected), which could complicate the procedure. In addition, the baseline results of these tests may be useful in the future if your pet’s health changes in order to develop faster, more accurate diagnoses and treatments.

I **DO** wish to have **Pre-Anesthetic** blood testing performed (**\$82.00**):

YES _____

NO _____

_____ I understand that some **risks** always exist with anesthesia and/or surgery. While Hamby Road Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I have been advised that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used.

_____ An **IV catheter** will be placed for IV fluid administration and quick venous access during surgery. A small area will be **SHAVED** on the leg for catheter placement. **PAIN MEDICATION** will be administered at the time of surgery and sent home as well when indicated.

While your pet is under anesthesia, we can **MICROCHIP** your pet for permanent identification. Every year more than 20 million dogs and cats are put to sleep because humane shelters cannot identify them or their owner. The cost for microchipping your pet is \$59.00 (includes activation/first year registration fee).

YES, PLEASE MICROCHIP MY PET _____

NO, I DO NOT WISH TO MICROCHIP MY PET AT THIS TIME _____

ADDITIONAL DISCOUNTED SERVICES WHILE UNDER ANESTHESIA- Please check any extra services you would like performed

Nail Trim - \$9 _____

Express Anal Glands - \$15 _____

Clean Ears - \$9 _____

Signature of Owner

Contact Number