## **Bannerman Pet Care**

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## **Pre-Anesthetic Testing Consent Form**

Please read carefully and sign.

Client:\_\_\_\_\_ Patient:\_\_\_\_\_ Age:\_\_\_\_ Date:\_\_\_\_

| Your pet is scheduled for a    | procedure that require       | es anesthesia. We would like to      |
|--------------------------------|------------------------------|--------------------------------------|
| take this opportunity to re    | commend pre-anesthet         | tic testing and explain why it is    |
| important to the health of     | your pet. Like you, ou       | ur greatest concern is the well-     |
| being of your pet. Before      | placing your pet under       | anesthesia, a veterinarian will      |
| perform a complete phy         | sical examination to         | identify any existing medical        |
| conditions that could com      | plicate the procedure        | and compromise the health of         |
| your pet. Because there is     | s always the possibility     | a physical exam alone will not       |
| identify all of your pet's     | health problems, we          | e strongly recommend a pre-          |
| anesthetic profile (a combi    | nation of tests) be perf     | formed prior to anesthesia. The      |
| tests we recommend are s       | imilar to, and equally a     | s important as those your own        |
| physician would run if yo      | ou were to undergo a         | anesthesia. It is important to       |
| understand that a pre-an       | esthetic profile does r      | not guarantee the absence of         |
| anesthetic complications.      | It may, however,             | greatly reduce the risk of           |
| complications as well as id    | dentify medical condition    | ons that could require medical       |
| treatment in the future.       |                              |                                      |
|                                |                              |                                      |
| Signatures indicate your a     | acceptance of the pre-       | -surgical blood work and that        |
| anesthesia will be used on     | your pet during their p      | rocedure today. In addition, by      |
| signing this form, you are     | stating that your pet ha     | as been fasted prior to surgery.     |
|                                |                              |                                      |
| Y                              | Y                            | X                                    |
| Signature of Owner             | Primary Telephone Number     | Secondary Telephone Number           |
| Signature of Owner             | ншау кертоге копре           | scalary requirer unite               |
| Diagonales complete the follow | ing while my not is anosther | tized (initial all items requested). |
| Home Again Microchip ID with L | , ,                          | tized (initial all items requested): |
| Dispense Flea Prevention       | = .                          |                                      |
| ·                              |                              |                                      |
|                                |                              |                                      |