



Pre-Anesthetic Testing Consent Form

Client Name _____ Phone _____

Address _____ City _____ Zip _____

Pet Name _____ Age _____

Dear Pet Owner,

Your pet is scheduled for a surgical procedure requiring the use of general anesthesia. Your animals well-being is Arizona Spay and Neuter Clinic's highest priority. Prior to anesthesia, all animals will receive a physical examination to help identify any pre-existing conditions that may potentially cause complications.

Along with this physical examination, we highly recommend a pre-anesthetic blood profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatment. **PRE-ANESTHETIC BLOOD WORK IS REQUIRED FOR ALL PETS SEVEN YEARS AND OLDER.**

PLEASE CHECK ONE OPTION AND SIGN BELOW:

• **I ACCEPT:** _____ Please perform the pre-anesthetic blood work prior to administering anesthesia to my pet.

• **I DECLINE:** _____ I have read and understand that Arizona Spay and Neuter Clinic has highly recommended pre-anesthetic blood work, but have decided to decline it.

SIGNED _____ **Date** _____