Anesthetic Procedure Consent Part A

Client	Pet
Phone number were you can be rea	ached
Procedure/Surgery:	
Items left with patient	
the nature of the procedure or surgery also understand that there are risks as conditions or complications arise durir Hospital will attempt to contact me. If I	have been given an explanation and understand indicated on th mand the risks involved. I ssociated with anesthesia. If unforeseen ng the procedure or surgery, Blue Skies Veterinary I cannot be reached I give my consent for Blue steps necessary in the best interest of my pet.
Signature:	Date:

~Please complete opposite side of this form~

Verified by (staff initial) _____

Consent Part B

Please indicate if you would like any of the following performed:

Pre-anesthetic Blood Screen (\$52.00): A minimum recommended for all pets undergoing anesthesia.

Helps detect underlying conditions that might increase the risk of anesthesia or surgery. If there are abnormalities, the veterinarian will contact you prior to anesthesia and appropriate steps will be taken to ensure the safety of your pet.

Accept	Decline	_
<u>OR</u>		
This blood panel is	,	ed for pets 7 years and older. be pre-anesthetic blood screen and can belems.
Accept	Decline	_
Depending on age fluid therapy. Fluid	, state of health, and length o s help protect your pet's kidne	or Intravenous Fluids (\$63.00): If procedure, your pet may benefit from eys and heart, and shorten recovery luids are indicated, may we administer
Yes No		
This chip is implant hospitals and shelt special scanner wl fees cover the cos	ted under the skin between the ers to identify your pet if lost of	•
Routine treatmen procedure.	ts performed during anesth	esia receive a \$5 discount for each
Trim nails	Clip matts	Express anal glands
Clean ears	Pluck ears	
Other Requests -	Please Specify	