

Preanesthetic Diagnostic Tests

Client's Name: _____ Pet's Name: _____

I acknowledged that my pet is scheduled for an anesthetic procedure with or without surgery. I have been informed that advances in anesthesia and anesthetic monitoring techniques have made routine procedures relatively safe, with low rates of complications. However, I understand that occasional problems can occur due to preexisting conditions that are not evident during routine histories and physical examinations. To minimize problems, the doctors and staff at this veterinary practice have recommended that my pet be screened prior to anesthesia by means of the diagnostic tests indicated below:

- _____ Pre-anesthetic blood work Chem10
- _____ Pre-anesthetic blood work Chem10/CBC
- _____ Pre-anesthetic blood work Chem17/CBC
- _____ Heartworm test / Feline Combo
- _____ Urinalysis
- _____ Diagnostic imaging (x-rays or ultrasound)
- _____ Microchip
- _____ Other _____

_____ I authorize the performance of the tests, agree to be billed for them, and agree to pay (initials) them.

_____ I accept that, **at my request**, my doctor will omit the following items:
(initials)

_____ I hereby decline the above recommended preanesthetic diagnostic tests and, in the (initials) absence of negligence, agree to hold the attending doctor(s) and staff at this veterinary practice harmless for any untoward anesthetic, surgical, or medical complications that might have been detected and avoided had these tests been performed.

Signature of Owner or Authorized Agent

Date