

**Pre-Anesthetic Consent Form**  
*Please Read Carefully and Sign*  
**SOUTHWEST ANIMAL CARE COMPLEX**  
**JOHN S. MCKEE JR., D.V.M.**

DATE \_\_\_\_\_ PET'S NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CANINE \_\_\_ FELINE \_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE \_\_\_ SEX \_\_\_ WEIGHT \_\_\_\_\_

I, being responsible for the above described animal, have the authority to grant you my consent to administer general anesthesia for the following contemplated procedure(s):

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I understand that during the procedure unforeseen conditions may be revealed that necessitate an extension of the procedure(s). I consent to and authorize the performance of such techniques as necessary in the veterinarian's professional judgment.

\_\_\_\_\_  
Initial

I have held my pet off of all food and water since at least 12:00 PM last night.

\_\_\_\_\_  
Initial

Southwest Animal Care Complex agrees to use all reasonable precautions against injury, escape, or death of your pet. This includes using accepted safe anesthesia practices. However, general anesthesia always bears a risk to the animal's life. Southwest Animal Care Complex will not be held liable or responsible in any manner should an unexpected event occur.

\_\_\_\_\_  
Initial

**PRE-ANESTHETIC BLOOD SCREENING**  
*Please Read and Initial the Appropriate Line*

Although a physical exam is performed on every pet prior to anesthesia, in order to further ensure the safety of your pet under general anesthesia, we recommend a pre-operative blood screen to rule out any measurable organ system problems. This pre-operative blood screen includes a complete blood count as well as evaluates kidney function, liver function, hydration and blood glucose. The fee is \$90.00 plus tax.

**YES, PLEASE COMPLETE THE RECOMMENDED TESTS**

\_\_\_\_\_  
Initial

**NO, I DO NOT ELECT TO HAVE THE RECOMMENDED TESTS**

\_\_\_\_\_  
Initial

All charges including boarding costs will be paid upon release from the hospital. If the pet is not called for within 5 days after the time specified for return and if the doctor is not notified in writing of an alternate date within the 5 day period, the animal will be considered abandoned and may be disposed of as the doctor sees fit. It is understood that this does not relieve me from paying all costs of services and use of your hospital including boarding costs. After carefully reading the above, I have signed in agreement.

\_\_\_\_\_  
Owner or Responsible Party