

Walter H. Marsch, DVM

Patrick J. Marsch, DVM

## Pre-Anesthetic Testing Profile

### Consent Form

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Pet's Age \_\_\_\_\_

Phone number(s) where you can be reached \_\_\_\_\_

Dear Pet Owner:

Your pet is scheduled for a surgical procedure requiring the use of anesthesia. We, like you consider your pet's well-being to be our highest priority. Prior to anesthesia, we will perform a full physical examination to identify any pre-existing medical conditions that may potentially cause complications.

In conjunction with a physical exam, we strongly recommend a Pre-Anesthetic blood test 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.

**Please check one and sign**

- Please perform the recommended Pre-Anesthetic blood test profile prior to administering anesthesia to my pet.
- I decline the recommended Pre-Anesthetic blood test profile prior to administering anesthesia to my pet. I also understand the increased risk of complications by not performing these tests before undergoing anesthesia. I assume full responsibility for this decision concerning my pet's health.

Signature \_\_\_\_\_

Date \_\_\_\_\_