

**Wilson Veterinary Hospital  
4741 Lake Wilson Road  
Elm City, NC 27822  
252-291-5270**

**Anesthesia/Surgery Consent Form**

Date \_\_\_\_\_

Client ID:  
Client Name:  
Address:

Telephone:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Age:  
Birth Date:

**Anesthetic/Surgical procedures to be performed:**

I, the undersigned owner, or owner's agent, of the pet identified above hereby authorize the doctors at Wilson Veterinary Hospital to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists with anesthesia and/or surgery, and that I am encouraged to discuss any concerns about those risks with the attending veterinarian before the procedure(s) is/are initiated.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to, and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

The combination of blood tests we recommend for your pet is marked below.

\_\_\_\_\_ Preoperative Health Screen + Complete Blood Count (\$74.00)  
BUN, SGPT, Alk. Phos., Total Protein, Creatinine, Glucose

\_\_\_\_\_ Preoperative General Health Profile + Complete Blood Count (\$95.00)  
BUN, SGPT, Alk. Phos., Albumin, Globulin, Creatinine, Glucose, Bilirubin, Amylase, Calcium, Sodium, Phosphorus,  
Potassium, Total Protein

**YES** Please complete the recommended testing prior to anesthesia. If abnormalities are found, contact me at this number: \_\_\_\_\_

**NO** I decline the recommended testing. Proceed with anesthesia.

\_\_\_\_\_  
**Signature of Owner/Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number(s)**

**FOR DENTISTRY ONLY:** I authorize the doctor to do NECESSARY tooth extraction(s) \_\_\_\_\_  
(initial please)