



**Animal Medical Center**  
**4012 S. Santa Fe**  
**Chanute, KS 66720**  
**Anesthesia Consent Form**

**OWNER:** \_\_\_\_\_ **PET NAME:** \_\_\_\_\_

Your pet is scheduled for a surgical procedure requiring the use of anesthesia. We, like you, consider your pet's well-being our highest priority. Prior to anesthesia, we will perform a complete physical examination to identify any pre-existing medical conditions that may potentially cause complications. During anesthesia, we monitor your pet closely. This monitoring includes temperature, respiratory rate, oxygenation, blood pressure, heart rate, and EKG.

In addition, to better protect your pet and our facility from becoming infested with parasites, we will treat for fleas and ticks if any are identified on your animal for an additional fee. It is also required that your animal have proof of Rabies vaccination. If you cannot provide it we will vaccinate for the safety of our staff and other animals in our care.

In conjunction with a physical exam, we strongly recommend the proper pre-anesthetic blood work for the health of your pet. This helps find any underlying disease issues so they can be properly treated or managed before or during surgery. We also recommend testing for heartworm disease. Heartworm disease is a potentially fatal disease caused by a parasite that damages the heart and lungs. After testing, we recommend giving monthly heartworm preventative. If your pet is in for a mass removal, we also strongly recommend sending the removed mass to a diagnostic lab to identify the type of mass and if any further treatment might be indicated.

**\*\*LABWORK CHARGES ARE IN ADDITION TO THE ESTIMATED COST OF SURGERY AND ANESTHESIA\*\***

\_\_\_\_\_ Any age - Heartworm test

\_\_\_\_\_ Under 1 year old - Clotting time profile

\_\_\_\_\_ 1-6 years old - Qualitative blood count and Clotting time profile

\_\_\_\_\_ 6 years and over - Qualitative blood count, Diagnostic health profile, Electrolyte panel, and Clotting time profile  
Thyroid test in cats

\_\_\_\_\_ Histopathology to identify the type of mass

\_\_\_\_\_ I understand the risks of Anesthesia and do not wish to have any blood work ran at this time.

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Signature of owner

Date