

**Handsboro Animal Hospital**  
1445 E Pass Road  
Gulfport MS 39507  
**Anesthesia/Surgery Consent Form**

Date:

Client ID:  
Client Name:  
Address:

Telephone:

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

PLEASE CHECK THE PROCEDURE(S) YOU REQUEST

☐ Neuter    ☐ Spay    ☐ Dental COHAT w/ xrays    ☐ Tumor Removal  
☐ Sedated Grooming    ☐ Other \_\_\_\_\_

Has your pet had any food in the last eight hours?    ☐ YES    ☐ NO

Is your pet acting normal at home?    ☐ YES    ☐ NO

What medications is your pet currently on? \_\_\_\_\_

How often are you giving each medication? \_\_\_\_\_

Have these medications been given today?    ☐ YES    ☐ NO

If your pet is getting a tumor removal, would you like to send off for a biopsy? ☐ YES ☐ NO

If extractions are deemed medically necessary, I would like to be contacted. ☐ YES ☐ NO

We recommend pre-surgical bloodwork screens for every surgery, no matter how routine. In order to recognize any underlying abnormalities your pet may have. This consists of a CBC, and a partial organ panel screening to ensure there are no additional precautions we should take. We highly recommend a blood profile for geriatric animals (animals older than 7 years).

There is an additional charge for these blood tests. We hope you understand the need for these important tests.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ wish to have the pre-surgical blood work run today and I fully understand the risks that are involved with anesthesia. (Please initial above).

I hereby authorize Handsboro Animal Hospital to perform the above designated procedure(s), and understand that no guarantee can be given to the outcome.

Signature

\_\_\_\_\_  
{FULLNAME}

Contact Number