



5565 New Northside Dr.  
Atlanta, GA 30339  
(770) 955-1291

## Surgical Drop-Off and Pre-Anesthetic Lab Consent From

Date:  
Owner:

Pet Name:

◆ <animal> is scheduled for a surgical procedure today. In order for us to provide exceptional care for <animal>, it is very important that the doctor be able to reach you during the day, especially if there are questions concerning the surgical procedure(s). By providing the number(s) below, you are ensuring that you can be reached to allow the best possible care for <animal>.

Primary Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Secondary Contact (optional): \_\_\_\_\_ Phone#: \_\_\_\_\_

**Will someone else be picking your pet(s) up? If so, please specify:** \_\_\_\_\_

Was <animal> given food or water today? Yes \_\_\_\_\_ No \_\_\_\_\_

Was <animal> given any medications today: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list medications: \_\_\_\_\_

\_\_\_\_\_

◆ Like you, our greatest concern is the well-being of <animal>. Before putting <animal> under anesthesia, we will perform a full physical examination. However, many conditions including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery. For these reasons, we highly recommend blood screening before such procedures. **The total cost of these important tests is \$120.00.**

YES, I want my pet to have a pre-anesthesia blood screen.

NO, I do not want my pet to have a pre-anesthesia blood screen.

Signed: \_\_\_\_\_

◆ Would you like <animal> to receive a microchip identification device while under anesthesia?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Fee: \$94.00 – there is no charge to register the microchip)