

_____ YES, please complete the recommended blood work prior to surgery on my pet. If abnormalities are found please contact me at this phone number. I understand there are always potential risks when using anesthesia or performing surgery on an animal. I assume full financial responsibility for this animal.

_____ NO, I have elected to refuse the recommended pre-anesthetic blood test at this time and request you to proceed with anesthesia. I understand there are always potential risks when using anesthesia or performing surgery on an animal. I assume full financial responsibility for this animal.

SIGNATURE: _____
Must be 18 years or older.

PHONE NUMBER: _____