## **Preanesthetic Diagnostic Tests**

Client's Name: {FULLNAME}	et s Name: {NAME}
I acknowledged that my pet is scheduled for an anesthe have been informed that advances in anesthesia and and routine procedures relatively safe, with low rates of coroccasional problems can occur due to preexisting conditional histories and physical examinations. To minimize problems veterinary practice have recommended that my pet be set the diagnostic tests indicated below:  Pre-anesthetic blood work cost of \$90.00	esthetic monitoring techniques have made inplications. However, I understand that itions that are not evident during routine lems, the doctors and staff at this
YES - I authorize the performance of the tests and costs set forth above, agree to be billed for (initials) them, and agree to pay them.  NO - I decline the above recommended preanesthetic diagnostic tests and, in the (initials) absence of negligence, agree to hold the attending doctor(s) and staff at this veterinary practice harmless for any untoward anesthetic, surgical, or medical	
Signature of Owner or Authorized Agent	