



Powers Ferry Animal Hospital
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Surgical Drop-Off and Pre-Anesthetic Lab Consent Form

Date: _____ Patient Name: _____
Owner: _____ Breed: _____
Spouse: _____ Sex: _____
Street: _____ Age: _____
City: _____ Color: _____
Zipcode: _____ Cell: _____

Your pet is scheduled for a surgical procedure today. In order for us to provide exceptional care for , 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 .

Primary Contact: _____ Phone#: _____

Secondary Contact (optional): _____ Phone#: _____

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

Do you give PFAH permission to share photos of your pet on social media? Yes No

Was given food or water today? Yes No

Was given any medications today: Yes No

If yes, please list medications:

Like you, our greatest concern is the well-being of your pet. Before putting 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 \$144.00.**

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.

Would you like to receive a microchip identification device while under anesthesia?

Yes ___ No ___ (Fee: \$114.00 - there is no charge to register the microchip)

Signed: _____

FOR OFFICE USE ONLY: Has form been scanned/attached to clinical record? Y or N Initials: _____