



## **PRE-ANESTHETIC BLOOD TESTING CONSENT FORM**

*Please read carefully and sign.*

Like you, our greatest concern is the well-being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests may be useful if your pet's health changes to develop faster, more accurate diagnoses and treatments.

### **Healthy patients under 8 years of age** (\$65.00)

Includes:

- BUN (Kidney)
- ALKP (Liver)
- Glucose (Sugar)
- Total Protein (Hydration/Inflammation)
- ALT (Liver)
- Creatinine (Kidney)
- Electrolytes (Potassium, Sodium, Chloride)
- CBC (Complete Blood Count); Infection, Anemia & Clotting.

### **Full Profile for all patients/sick patients** (\$104.00)

***(REQUIRED for animals over 8yrs)***

Includes all tests in healthy animal profile, plus:

- Albumin (Protein)
- Phosphorus (Kidney)
- Calcium (Tumors)
- Total Bilirubin (Liver)
- Amylase (Pancreas)
- Cholesterol

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Please complete the recommended blood work prior to surgery on my pet.

If abnormalities are found please contact me at this phone number: ( ) \_\_\_\_\_

I have elected to decline the recommended pre-anesthetic bloodwork at this time.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) and or operation(s): \_\_\_\_\_

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I also authorize the use of appropriate anesthetics, and other medication, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised to the nature of the procedures or operations and the risks involved, including the possibility of death. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

\_\_\_\_\_  
**Signature of Owner or Agent**

\_\_\_\_\_  
**Date**