

Pic

ANIMAL CARE CENTER

10

Client _____

Chart # _____

Patient _____

Age _____

Date _____

PRE-ANESTHETIC BLOOD TESTING / SURGERY CONSENT FORM

How can you be reached today? (H) _____ (W) _____ (C) _____

Surgery to be performed today _____ Weight _____ lbs.

Bath? Yes No Special Instructions: _____

Dental w/ Polishing Oravet Application/ Home Kit/ Chews Post Surgical Therapeutic Laser

X-Ray Notes: _____

H/O Seizures Yes No _____ Histo/Biopsy

Laser (optional advanced technique to reduce bleeding and swelling, resulting in a quicker recovery)

Examine and Treat _____

Post-Op Pain Prevention Options: Post surgery pain injection Medication to go home _____ Initials ★

For the protection of your pet and others, we require all vaccines to be current and for your pet to be flea/tick-free. Any necessary flea/tick treatment will be at your expense. _____ ★ Initials

Additional services/vaccines to be performed today:

Request Doctor 1 2 9

- Rabies _____
- Tattoo _____
- Microchip _____
- Fecal _____
- Ear mite treatment _____

- Canine*
- Distemper/Parvo/Corona Vaccine
 - Lyme Vaccine
 - Kennel Cough Vaccine
 - Heartworm Combo Test
- (Includes Lyme, Ehrlichia & Anaplasmosis)*

- Feline*
- Feline Distemper Vaccine
 - Feline Leukemia Vaccine
 - FELV/FIV/Heartworm Test

PLEASE READ CAREFULLY AND SIGN

Your pet is scheduled for anesthesia and /or surgery. Before putting your pet under anesthesia, we recommend that a pre-anesthetic blood profile be performed to maximize patient safety. Among the reasons for this test are to assure proper kidney and liver function, to assure adequate oxygen carrying capacity and ability to fight infection, to assure adequate platelets for blood clotting, and to identify early warning signs of major blood and organ dysfunction. Results will be available immediately to review before anesthesia. The estimated cost for this lab work is only \$65.00-70.00. I am aware of the risks involved in the administering of anesthesia and the performance of surgery on this animal. I hereby give Animal Care Center PLLC permission to provide the above-indicated service(s) for my pet.

Please **complete** the recommended blood work prior to surgery on my pet. If abnormalities are found, please contact me at this phone number: _____

For Office Use Only

Lab Requisition # _____

Call for update __:__ 2nd __:__

Signature of Owner/Agent _____

I have elected to **REFUSE** the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia.

Signature of Owner/Agent _____