

Standard Consent/Pre-Anesthetic Blood Work Form

I, the undersigned owner or designated agent, hereby authorize the staff of this Animal Hospital to perform the following surgical/dental procedure: _____.

I authorize anesthesia and understand that there are potential complications, including death, associated with anesthesia. I also understand that the veterinarian will make every effort to contact me in case of unforeseen emergencies regarding treatment, but if unable to contact me, will proceed with any life-sustaining procedures.

I also assume full responsibility for any additional incurred expenses after surgery that may need to be performed, such as x-rays, re-check exams and additional surgery. (There is no additional charge for suture removal.)

A complete physical exam will be performed on your pet prior to the surgical/dental procedures, but this may not identify all internal problems. For this reason, we recommend that your pet have a pre-anesthetic blood panel to evaluate major organ function prior to anesthesia. **If your pet is five years of age or over, blood work is mandatory.**

Our Animal Hospital Pain Management Philosophy

Our clinic strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and pain medication to continue at home.

Blood Panels/Procedures (please choose one)

1. Chem 17 _____
2. Prep Profile _____
3. Microchip _____
4. None _____

Canine

Heartworm Test/Jr. Wellness _____
Rabies Vaccination _____
DA2PP _____
Bordetella _____
Lyme _____
Lepto _____

Feline

FelV/FIV Test _____
FVRCP _____
FelV Vaccination _____
Rabies Vaccination _____

Owner's Signature _____ Date _____

Emergency Contact/Phone Number _____