

# ANIMAL CARE CENTER, PLLC

\_\_\_\_\_  
Client

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

## PRE-ANESTHETIC BLOOD TESTING / SURGERY CONSENT FORM

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

Surgery to be performed today \_\_\_\_\_

Bath?  Yes  No Special Instructions: \_\_\_\_\_

Dental w/ Polishing  Oravet Application  Oravet Home Kit \_\_\_\_\_

X-Ray Notes: \_\_\_\_\_

Other (please specify) \_\_\_\_\_  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-free. **Any necessary flea treatment will be at your expense.** \_\_\_\_\_ **Initials** ★

### **Additional services/vaccines to be performed today:**

- Rabies
- Tattoo \_\_\_\_\_
- Microchip \_\_\_\_\_
- Fecal
- Ear mite treatment

- |   |   |
|---|---|
| <p><i>Canine</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Distemper/Parvo/Corona</li><li><input type="checkbox"/> Kennel Cough</li><li><input type="checkbox"/> Lyme</li><li><input type="checkbox"/> Heartworm Combo Test</li></ul> <p><i>(Includes Lyme, Erlichia &amp; Anaplasmosis)</i></p> | <p><i>Feline</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Feline Distemper</li><li><input type="checkbox"/> Feline Leukemia</li><li><input type="checkbox"/> FIP</li><li><input type="checkbox"/> FELV/FIV Test</li></ul> |
|---|---|



### **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 \$55.00-60.00. 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Agent

#### **For Office Use Only**

Lab Requisition # \_\_\_\_\_ SNAP: \_\_\_\_\_

Call for update \_\_:\_\_ 2<sup>nd</sup> \_\_:\_\_

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