

FAMILY PET HEALTH CARE ANESTHETIC CONSENT FORM

Patient (Pet) Name _____ Procedure to be performed _____

Yes No

- Are vaccinations current? Update today?
- Is your pet on heartworm prevention? Test today?
- Did your pet eat this morning?
- Is your pet allergic to any drugs that you know of? What? _____
- Has your pet had any accident or illness in the last 30 days?
- Is your pet currently on any medication? What? _____
- Any other specific problems to be checked? What? _____
- Any dental hygiene products used on a regular basis?

Elective Procedures:

- Home Again Microchip Identification \$63.00
- Hip Dysplasia Screening X-ray \$ _____
- Ear Cleaning \$17.00

We strive to keep a pest free environment for your pet so we require that any internal parasites (worms) or external parasites (fleas and ticks) identified on your pet will be treated at owners' expense.

I **Do** **Do Not** authorize a **Post Surgical Pain Injection** at a cost of \$22 to \$55.00

I **Do** **Do Not** request the **ADDITIONAL PAIN MEDICATION** at the time my pet is discharged from the hospital at the cost of \$12 to \$20 This is an additional medication to make my pet more comfortable at home for the next 24 to 72 hours after surgery.

You are to take all responsible precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, & post surgical infections) and I agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below listed phone number, you are directed to make the decision you deem fit best for my pet. **I agree to pay the services rendered. I have read the foregoing, understand what it says, and agree.**

Signature: _____ Date: _____

Family Pet Health Care

Pre-Anesthesia Blood Screen Consent Form

“Because We Care”

We recommend a pre-anesthesia blood chemistry panel on all pets prior to anesthesia. Most drugs are removed from the body by the liver and the kidneys, therefore it is important that these organs are healthy. It is also important that patients have normal blood counts to promote proper tissue healing. The following tests are included in the pre-anesthesia blood panel:

- 1. CBC-Complete Blood Count-WBC, HCG, PLT
- 2. SGPT/ALT-Detects liver damage
- 3. Total Protein-Liver function test
- 4. BUN-Kidney function test
- 5. Glucose-Blood sugar level to detect diabetes

The cost for this profile is: **\$88.69**

If any of these results are abnormal, we will discuss our findings with you and may decide to do one of the following:

- 1. Postpone the anesthesia procedure until a later date
- 2. Further testing to pursue a specific diagnosis
- 3. Proceed with anesthesia, but alter the drugs and procedures

If all tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in low risk category. If you have any questions regarding the blood panel or anesthesia please ask our staff and the doctor will be happy to answer them.

Please sign here to have the blood panel performed: _____

Phone number where you can be reached today: (_____) _____

If you decline this service please initial here: _____

ANY ANESTHETIC CARRIES A SERIOUS RISK. THE MORE INFORMATION WE HAVE THE SAFER THAT RISK WILL BE.

The latest in office laboratory technology has enabled us to run blood chemistries within minutes, safely and accurately, before anesthetic procedures. As your veterinarian, I am happy to have this technology available to offer you, as well as safe anesthetic medications.