# PRE-ANESTHETIC TESTING CONSENT

Owner _____ Patient _____ Date of Procedure_____

Your pet is scheduled for a procedure that requires anesthesia. We strongly recommend a blood profile to ensure that your pet is in a low risk category prior to anesthesia. The latest technology enables us to run accurate blood chemistries in our hospital the day of the procedure. These tests are similar to those that your own physician would require should you undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

**PRE-ANESTHETIC BLOODWORK** **$80.00**

COMPLETE BLOOD COUNT
ELECTROLYTES
BLOOD CHEMISTRIES

| | |
|---|---|
| BUN & CREATNINE | (kidneys) |
| ALT & ALKP | (liver) |
| Glucose | (blood sugar) |
| Albumin, Globulin, total protein | (blood proteins) |

_____ Please complete the recommended testing prior to administering anesthesia to my pet. If abnormalities are found, please contact me at the phone number below.

SIGNATURE OF OWNER _____ PHONE # _____

_____ I decline the recommended pre-anesthetic tests at this time and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. Such a condition could affect the well-being of my pet during anesthesia and recovery.

SIGNATURE OF OWNER _____ PHONE # _____