

SURGICAL, ANESTHESIA, PRE-ANESTHESIA BLOOD TESTING CONSENT FORM

PLEASE READ CAREFULLY & INDICATE YOUR CHOICES

Your pet is in for anesthesia/surgery and should do fine. We will perform a full physical examination on your pet before administration of anesthesia. We highly recommend a pre-anesthesia blood profile be performed. This will alert the doctor to the presence of dehydration, diabetes and/or kidney & liver disease which would complicate the procedure. These conditions may not be detected unless bloodwork is performed. These tests are similar to those your own physician would recommend if you were to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnosis and treatments in the event that your pets health changes.

REQUIREMENTS FOR SURGERY (additional costs apply at owner's expense):

- All pets 7 years of age and older are required to have a CBC/CHEM10 (bloodwork)!
- All cats are required to be tested for feline leukemia and FIV prior to surgery for \$46.00!
- All basic vaccinations ("distemper" and rabies) must be current prior to surgery!
- Take home pain medication is required for all surgical procedures!

BLOODWORK OPTION FOR ALL PETS UNDER 7 YEARS OF AGE

Test	Price	Agree	Disagree
CBC/CHEM10 Blood Panel	\$87.99		

ADDITIONAL OPTIONS FOR YOUR DOG

Service	Price	Agree	Disagree
Heartworm/Lyme/ <i>E. Canis</i> / <i>A. Phagocytophylum</i> Blood Test	\$42.50		
Microchip (includes registration)	\$39.99		
Bordetella Vaccination (kennel cough)	\$20.00		
Lyme Vaccination (2 part series 1 st year, then annual)	\$40.00		

ADDITIONAL OPTIONS FOR YOUR CAT

Service	Price	Agree	Disagree
Microchip (includes registration)	\$39.99		
Feline Leukemia Vaccination (2 part series 1 st year, then biannual)	\$41.00		

Procedure(s): _____

Signature of Owner or Agent: _____ Date: _____

Printed Name: _____ Staff Initials: _____

Emergency Contact Phone Number(s): _____

THANK YOU FOR CHOOSING US AS YOUR VETERINARY CARE PROVIDER!

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I am the owner of the above mentioned animal, or I am responsible for the above named animal, and I have the authority to administer this consent. I hereby authorize the performance of the following procedure(s) at the Fond du Lac Veterinary Clinic.

Procedure: _____ **Initial:** _____

I hereby acknowledge that it has been explained to me that during the course of the operation/procedure(s), unanticipated conditions may be revealed that require an extension of the original procedure(s). The extent to remedy those conditions will be at the discretion of the attending doctor. **Initial:** _____

I understand that some risks always exist with anesthesia and/or surgery. While I accept that all procedures will be performed to the best of the abilities of the staff, I understand no guarantee or warranty has been made regarding the results that may be achieved. **Initial:** _____

I consent to the administration of anesthetics, drugs, IV fluids and/or medications, as may be considered necessary or advisable by the veterinarians responsible for this service. I realize that in many cases, it is impossible to determine in advance the extent of medical/surgical treatment required for an animal. In such cases, the staff of the Fond du Lac Veterinary Clinic will attempt to estimate the cost of treatment, but it is understood that the actual cost may exceed or be lower than this estimate. **Initial:** _____

I understand that veterinary care after hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is **NOT** provided during these hours. Please be aware that some services may be provided by a veterinary student, certified veterinary technician or an unlicensed assistant. **Initial:** _____

I acknowledge **FULL** responsibility for the payment of fees related to these services. I also understand that all fees are to be paid at the time my pet is discharged from the Fond du Lac Veterinary Clinic. **Initial:** _____

Please answer the following questions below regarding your pet's recent activities and care:

1. Has your pet vomited or had diarrhea in the last 24 hours? No/Yes/describe _____
2. What medications is your pet currently taking? (include over-the-counter medications)

3. What time was the last dose of medication administered? _____
4. Has your pet eaten in the last 8 hours? Yes/No If yes, what? _____ How Much? _____
5. To your knowledge, has your pet ever had any adverse reaction to anesthesia or other medications?
No/Yes/describe _____

Thank you for choosing us as your veterinary care provider!