Completed Form Required at Surgical Entry

ALL CREATURES ANIMAL HOSPITAL, Ltd.
2321 West Wisconsin Avenue Appleton, Wisconsin 54914

PRE-ANESTHETIC BLOOD TESTING CONSENT FORM

Client:	Patient:	Age:	Date:

PLEASE READ CAREFULLY AND SIGN

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes and/or kidney or liver disease which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. State of the art equipment enables us to perform the pre-anesthetic blood profile within the clinic and we are committed to making this technology available to your pet. These tests are similar to those your own physician would run were you 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 pet's health changes.

Profile #1 **Healthy Patients 0-8 Years of Age** **Cost $ 82.00**

Includes: BUN (Kidney), ALKP (Liver), PCV (Anemia), Glucose (Blood Sugar), Total Protein (Hydration), ALT (Liver), Creatinine (Kidney)

Profile #2 **Patients Over 8 Years of Age or Patients With Questionable Health Status** **Cost $ 102.00**

Includes all of the tests in Profile #1 plus:

Calcium, Amylase (Pancreas), Complete Blood Count (Anemia, Infection, Ability to Clot), ALB (Protein), Phosphorus (Kidney), Cholesterol, Total Bilirubin (Liver), Electrolyte Panel

( ) **Please complete the blood work you recommended prior to surgery on my pet. If abnormalities are found please contact me at the phone number below.**

( ) **I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I assume full financial responsibility for this/these animals(s). I understand there are always potential risks when using anesthesia or performing surgery on an animal.**

CATS ONLY - FELV/FIV TESTING COST: $62.00 (alone) OR $40.00 (with Profile 1 or 2)

( ) Please perform the above tests and call me at _____ if abnormalities are found.
( ) I decline the above tests, but have been advised of the risks of FeLV and FIV.
( ) My cat(s) have already been tested and have a negative status with no exposure.

DOGS ONLY - HEARTWORM/TICK TESTING COST: 57.00 (alone) OR $35.00 (with Profile 1 or 2)

( ) Please perform the above test and call me at _____ if abnormalities are found.
( ) I decline the above test, but have been advised of the risks of Heartworm Disease.
( ) My dog(s) have been tested within the last 12 months.

ALL PATIENTS - MICROCHIP

( ) Please microchip, register, and pay the first years annual fee for my pet.
( ) My Pet is already Micro-chipped.
( ) I decline having my pet micro-chipped

_____ _____ _____

Signature of Owner **Date** **Phone Number**