## Completed Form Required ALL CREATURES ANIMAL HOSPITAL, Ltd. 2321 West Wisconsin Avenue Appleton, Wisconsin 54914

PRE-ANESTHETIC BLOOD TESTING CONSENT FORM

Client:	Patient:		Age:	Date:
	PLEASE READ CARE	EFULLY AND SIGN		
Like you, our greatest concern is the pet under anesthesia, we will perforr in order that we may maximize patie which could complicate the procedu may not be detected unless a pre-and blood profile within the clinic and w your own physician would run were faster, more accurate diagnosis and to	n a full physical examination. Ho nt safety and alert the doctor to the re. We require this to be done at esthetic profile is performed. State are committed to making this to you to undergo anesthesia. In ad	bowever, we require a presence of dehydration least 7 days prior to the te of the art equipment exchnology available to you dition, the results of these	-anesthetic blood on, diabetes and/ scheduled surger nables us to perfour pet. These te	d profile to be performed for kidney or liver diseasery date. These conditions form the pre-anesthetic sts are similar to those
Includes: BUN (Kidney) Glucose (Blood Sugar)	Patients 0-8 Years of Age ALKP (Liver) Total Protein (Hydration) Creatinine (Kidney)	Cost: \$ 100 PCV (Anemia)	3.00	
Profile #2 Patients	Over 8 Years of Age	Cost: <u>\$ 128.00</u>		
ALB (Protein)		lete Blood Count (Anemia, Infection, A Electrolyte Panel	Ability to Clot)	
ALL PATIENTS - MICROCH  ( ) Please microchip, regis ( ) My Pet is already Micro ( ) I decline having my pe	ster, and pay the first years an co-chipped.	nual fee for my pet.		
		risks of Feline Leuke		900001 901 2212
( ) I decline the above test,	e test and call me at but have been advised of the atted within the last 12 months.	if abnorisks of Heartworm Di	ormalities are f sease.	ound.
	2008 2008 - Sept. 2008 - 530 14 5 4 2 4 2		1864 197	New 900 - 1000
Signature of Owner	Date	Ph	one Number	