



PRE-ANESTHETIC TESTING FOR MY PET

Anytime your pet requires surgery or dental work, blood work is recommended for three (3) reasons:

- 1) To establish if your pet is well enough for anesthesia
- 2) To help the doctor choose the appropriate anesthetic protocol
- 3) To detect potential underlying diseases that are not evident on physical examination

We ask that you choose one of the following precautions to enhance your pet's safety.

Please place your **initials** within the brackets and **sign below**.

ADVANCED SAFETY PACKAGE-\$175

- Advanced Internal Organ Screen
17 blood chemistry tests
- Complete Blood Cell Count (CBC)
- IV catheter
- IV Fluids

or

BASIC SAFETY PACKAGE -\$100

- Basic Internal Organ Screen
10 blood chemistry tests
- Packed Cell Volume (PCV)
- IV catheter

I UNDERSTAND THAT I AM REQUESTING A GENERAL ANESTHETIC AND A SURGICAL PROCEDURE FOR MY PET. WITH THAT REQUEST, I UNDERSTAND THAT SOME RISKS ARE INVOLVED. THIS RISK CAN BE REDUCED BY THE ABOVE RECOMMENDED PROCEDURES.

PET _____ PROCEDURE: Spay/neuter/dental Other procedure: _____

I verify that my pet has had **NO FOOD OR NO WATER** past **10pm** the previous night. *Very important!*

SIGNED _____ DATE _____ CONTACT# _____

Are there any other services that you would like performed today?

Please **initial** appropriately below.

Accept

Decline

- | | | |
|-------|-------|---|
| _____ | _____ | Please use Radiowave Bladeless Surgery for my pet's procedure (\$25) |
| _____ | _____ | Please submit removed Lumps for pathologist examination (\$115 per tissue) |
| _____ | _____ | Please permanently identify my pet with Microchip (\$55) |
| _____ | _____ | Please trim my pet's Nails @ the Super Saver \$10 (while under anesthesia) |
| _____ | _____ | Please express my pet's Anal Glands @ the Super Saver \$10 (while under anesthesia) |
| _____ | _____ | Please clean my pet's Ears @ the Super Saver \$10 (while under anesthesia) |
| _____ | _____ | Please extract any retained Baby Teeth (\$18 per tooth while under anesthesia) |
| _____ | _____ | Please perform these add'l services _____ |

I DECLINE all pre-anesthetic testing for my pet *SIGNED _____

***Sign only if you decline all bloodwork**

Checked in by: _____