

PRE-ANESTHETIC BLOODWORK CONSENT FORM

Your pet is being admitted to the EMINENCE ANIMAL HOSPITAL today for a procedure which will involve anesthesia. Your pet will be examined prior to anesthesia and carefully monitored throughout their time here.

In addition to the exam and monitoring, we recommend a pre-surgical blood profile. This profile will check liver and kidney functions as well as blood counts. These tests may help to rule out pre-existing internal conditions that may not be evident on a physical examination.

THERE IS AN ADDITIONAL FEE FOR THIS BLOOD PROFILE

\$95

- Please **complete** the bloodwork recommended above prior to the procedure on my pet. If abnormalities are found please contact me at the number listed below.
- I have elected to **refuse** the recommended bloodwork listed above at this time and request that you proceed with the procedure.

We also strongly recommend the following procedures for your pet. These services are an additional fee and ARE NOT included in procedure prices.

CANINE:

FELINE:

MICROCHIP

MICROCHIP

HEARTWORM/TICK PANEL

LEUKEMIA/FIV/HEARTWORM TEST

OTHER _____

OTHER _____

WE REQUIRE BOTH RABIES AND DISTEMPER VACCINATIONS WHEN ADMITTED FOR ANY PROCEDURE. IF YOUR PET IS DUE (OR WE DO NOT HAVE WRITTEN PROOF FROM ANOTHER FACILITY) WE WILL VACCINATE YOUR PET TODAY.

Procedure requested _____

I hereby authorize the Eminence Animal Hospital to perform the procedure(s) listed above. Further, if any unforeseen conditions arise requiring the veterinarian's judgement for procedures in addition to or different from those listed above, I further request and authorize her to do as she deems advisable. The nature of the procedure(s) have been explained to me and I understand there may be risks involved in these procedures. I will not hold Eminence Animal Hospital, the doctors, or staff liable for any complications.

SIGNATURE _____ **DATE** _____

PHONE NUMBER YOU CAN BE REACHED TODAY _____

PAYMENT IS REQUIRED FOR ALL SERVICES RENDERED UPON RELEASE OF YOUR PET.

SURGICAL/TREATMENT CONSENT FORM

Owner's Name _____ Phone Number _____

Pet's Name _____ Requested Procedure _____

Patient Questionnaire

Last food given to the patient (time) _____

Date of Last vaccine _____

DOGS: RABIES _____ DHLPP/DHLPPC _____ LYME _____ BORDETELLA _____

INFLUENZA _____ HEART WORM TEST (DATE AND RESULT) _____

CATS: RABIES _____ FVRCP _____ LEUKEMIA _____

LEUKEMIA/FIV/HEARTWORM TEST (DATE AND RESULT) _____

(PETS THAT ARE OVERDUE FOR VACCINES ARE REQUIRED TO BE MADE CURRENT FOR ROUTINE PROCEDURES).

Does your pet currently show any signs of illness? _____

Is your pet taking any medication? _____

Pet's previous surgeries: _____

Has your pet had previous reactions to anesthesia? _____

List any behavioral concerns (ex: biting, timidness) _____

List any belongings left with pet: _____

I verify that I am the owner (or Authorized agent for the owner) of the above-named pet. I authorize the above procedure to be performed. I authorize the use of anesthesia and other medications deemed necessary by the veterinarian and understand that the hospital personnel will be employed in the procedure(s) as directed by the veterinarian. I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparent healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the altered and/or additional procedures as are necessary in the veterinarian's professional judgement. I accept responsibility for any additional charges that may occur. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital.

SIGNATURE OF OWNER _____ **DATE** _____