

Village Veterinary Medical Center
Anesthesia / Sedation Consent
Pre-Anesthetic Blood Testing Consent

Client _____ Patient _____ Age _____

Date of Scheduled Procedure _____

Please read carefully and sign.

Your pet is scheduled for the following surgical or diagnostic procedure(s) for which he or she must be anesthetized:

Our greatest concern is the well being of your pet. A comprehensive physical examination gives our doctors much important information about your pet. However, conditions such as *dehydration, anemia, infection, diabetes*, and or *kidney or liver disease* may not be detected without a pre-anesthetic blood profile. These conditions may necessitate changes in the way the procedures are performed in order to maximize your pet's health. Indeed, the discovery of a medical condition through pre-anesthetic blood and urine analysis may even necessitate the postponement of an elective surgical procedure until the medical condition can be treated. In an effort to maximize anesthetic safety patients receive thermal support and pulse oximetry monitoring during anesthesia. Patients who are anticipated to be under general anesthesia for more than 30 minutes also receive IV catheters and IV fluids for cardiovascular support.

We recommend that a pre-anesthetic blood profile be performed on every patient. These tests are similar to those that your own physician would run if you were to undergo anesthesia. In addition, the results of these tests will go into your pet's permanent health record, providing a "baseline" for comparison as your pet's health changes throughout his or her life.

Because serious changes in a patient's health occur more frequently as the patient grows older, we **require** all patients **over the age of 7 years** to have complete bloodwork and urinalysis prior to any anesthetic procedure. To maximize the safety of anesthesia, we also require that these patients receive an IV catheter and IV fluids during their procedure.

State of the art equipment enables us to perform the pre-anesthetic blood profile at our hospital on the same day your pet is scheduled to undergo anesthesia.

- ***For pets under 7 years of age***

We **strongly recommend** "Healthy Pet" Pre-anesthetic assessment Cost: \$130.

Includes:

- *BUN (Kidney) *AlkPhos (Liver) *Glucose (Sugar) *ALT (Liver) *Creatinine (Kidney)
- *Total Protein (Hydration) *Complete Blood Count (Anemia, infection, clotting)
- *Electrolytes (Cellular function, hydration) *Urinalysis (Kidney, Liver, hydration, diabetes)

Initial (ACCEPT) Please complete the recommended. "Healthy Pet" pre-anesthetic assessment. If abnormalities are found, please contact me at this phone number _____.

Initial (DECLINE) I have elected to refuse the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia.

(OVER)

- *For pets 7 years of age or older*

We **require** a complete blood chemistry profile and a complete urinalysis. Cost: \$ 146.50

In addition to the above tests, we will also evaluate:

- *Albumin (Liver, protein) *Phosphorus (Kidney) *Calcium (Kidney, tumors) *Total Bilirubin (Liver)
- *Amylase (Pancreas) *Cholesterol (Kidney, Liver, pancreas, thyroid)

_____ I understand that the doctors of Village Veterinary Medical Center will be performing
Initial pre-anesthetic bloodwork to maximize the safety of the procedure for my older pet.
If abnormalities are found; please contact me at this phone number _____.

To maximize patient comfort, all patients will receive pain medication prior to and following surgical procedures. Additional pain medications will be administered as deemed necessary by the attending clinician. I understand I am responsible for any costs associated with pain management for my pet.

YES__NO__ I would like for my pet to receive a permanent microchip
identification while (s)he is in the hospital. \$45.00

As the owner, or agent of the owner, of the animal above, I hereby give my consent to Village Veterinary Medical Center to perform surgery and/or treatments to my pet. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure. I expect Village Veterinary Medical Center to use reasonable care and judgment in performing the procedure(s).

I also understand that extraction of teeth may be necessary if there is severe gum or tooth disease, or if baby teeth have not come out on schedule.

While I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for all services. Payment is due in full at the time services are rendered. A written estimate will be provided upon request.

Signature of Owner/Agent

Date

Phone number where I can be reached today

Comments:

Please present this signed and completed form with your pet on the day of surgery.

Admitted By: _____