

## Anesthetic and Pre-Anesthetic Testing Consent Form

CLIENT: \_\_\_\_\_ PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_.

### PLEASE READ CAREFULLY AND SIGN

Your pet is scheduled for anesthesia / surgery. To perform this procedure with the highest degree of safety we need to do a pre-anesthetic profile for your pet. Our greatest concern is your pet's well being. Before placing any animal under anesthesia, a Doctor will perform a complete physical exam to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet. Because there is always the possibility a physical exam alone will not identify all of an animal's health problems, we will perform a pre-anesthetic profile (a combination of tests) prior to anesthesia. Blood tests give us an inside look at the vital organs and let us know if they are functioning correctly. The tests we do are similar to and equally as important to those your own physician would run if you were to undergo anesthesia. It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It will, however, **greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.** As with any procedure there are possible risks and complications, which may occur as a result of this treatment.

The combination of blood tests we will perform for your pet based on his/her age, breed, medical condition, and procedure to be performed is listed below. These tests will serve as reference values for future use should your pet become ill. Additional tests may be discussed with you if your pet has specific risk situations.

### MINIMAL BASELINE VALUES COST: \$39.81

Includes: COMPLETE BLOOD COUNT (assesses anemia, infection, clotting ability)  
BUN (kidney), ELECTROLYTES (Na, Cl, K).

### PROFILE #1 HEALTHY PATIENTS UNDER 2 YEARS OF AGE COST: \$61.34

Includes: COMPLETE BLOOD COUNT (assesses anemia, infection, clotting ability)  
BUN (kidney), ELECTROLYTES (Na, Cl, K), GLUCOSE (sugar), ALT (liver).

### PROFILE #2 PATIENTS 2-7 YEARS OF AGE COST: \$75.81

Includes: COMPLETE BLOOD COUNT (assesses anemia, infection, clotting ability)  
BUN (kidney), ELECTROLYTES (Na, Cl, K), GLUCOSE (sugar), ALT (liver),  
CREATININE (kidney), ALKP, TOTAL PROTEIN.

### PROFILE #3 PATIENTS OVER 7 YEARS OF AGE COST: \$91.14

Includes: COMPLETE BLOOD COUNT (assesses anemia, infection, clotting ability)  
BUN (kidney), ELECTROLYTES (Na, Cl, K), GLUCOSE (sugar), ALT (liver),  
CREATININE (kidney), ALKP, TOTAL PROTEIN, ALBUMIN, AMYLASE  
(pancreas), CALCIUM (certain cancers), CHOLESTEROL, PHOSPHORUS (kidney),  
BILIRUBIN (liver).

**\*CHECK ONE:**

**MIN. BASELINE** \_\_\_\_\_. **PROFILE #1** \_\_\_\_\_. **PROFILE #2** \_\_\_\_\_. **PROFILE #3** \_\_\_\_\_.

**REFUSED** \_\_\_\_\_.

**OWNER SIGNATURE:** \_\_\_\_\_.

I have elected to refuse bloodwork at this time and request that you proceed. I assume full responsibility for this animal. I understand that there is always a risk involved with anesthesia and surgery.

PET'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_.

PROCEDURE(S) TO BE PERFORMED: \_\_\_\_\_.

**PET HISTORY:**

- |     |    |  |
|-----|----|--|
| YES | NO | Are all vaccinations current? (They are required for hospitalization.)             |
| YES | NO | Is your pet currently on any medication? If so, please list:<br>_____.             |
| YES | NO | Has this pet been checked for intestinal worms / heartworms in the last 12 months. |
| YES | NO | Any vomiting, coughing, or diarrhea?   |
| YES | NO | Did this pet eat this morning?   |
| YES | NO | Is this pet allergic to any drugs?   |
| YES | NO | Has this pet had any illness or injury in the last 30 days?                        |
| YES | NO | CATS: Has this cat been tested for feline leukemia?                                |
| YES | NO | DOGS: Is this dog on heartworm preventative?                                       |

The following procedures are done at the same time as a routine spay, castration, and declaw surgeries:

- |                         |                    |
|-------------------------|--------------------|
| General examination     | Check nails - clip |
| Check ears              | Check teeth        |
| Check for fleas - spray |                    |

Additional **ELECTIVE PROCEDURES** which may be done at this time at a **reduced cost**: (Check desired elective procedures.)

- \_\_\_\_\_ AVID microchip for identification
- \_\_\_\_\_ Remove front and / or rear dewclaws
- \_\_\_\_\_ Nail trim / cautery
- \_\_\_\_\_ Clean / flush / pluck ears
- \_\_\_\_\_ Remove warts / skin growths (Location: \_\_\_\_\_)
- \_\_\_\_\_ Extract retained puppy teeth
- \_\_\_\_\_ Dental – clean teeth – extract loose teeth
- \_\_\_\_\_ Express anal sacs
- \_\_\_\_\_ Spray for fleas / flea bath / flea dip
- \_\_\_\_\_ Brush out or clip mats
- \_\_\_\_\_ Repair umbilical hernia
- \_\_\_\_\_ Fecal exam for intestinal parasites

**OWNER RELEASE:**

We do use various types of general anesthesia depending on the procedure to be performed, the duration of the procedure, and the condition and species of your pet. We will use all reasonable precautions against injury, escape, or death of your pet while in our clinic and under our care. In case of emergency we may contact (name)

\_\_\_\_\_ At (phone #) \_\_\_\_\_.

I understand that all anesthesia involves some very small amount of risk to my pet, and I **will not** hold Klima Small Animal Clinic or any of its staff liable or responsible in any manner should problems arise.

Owner/agent signature \_\_\_\_\_ Date: \_\_\_\_\_.