

Pre-Anesthetic Blood Test and Electrocardiogram (ECG)

Please take a few moments to carefully read the following statements

Additional fees will apply for these services as indicated, and an estimate can be prepared for you.

1. As part of our commitment to provide the very safest care for your pet, we will perform a physical exam prior to administering anesthesia.
2. We **highly recommend** that pre-anesthesia/pre-operative blood tests and ECG screening be performed. This will help us to better evaluate the function of your pet's vital organs such as the kidneys, liver, and heart. The tests will also help ensure that there are adequate blood clotting factors prior to surgery or dental procedures.
3. The tests described below are required for any pet 6 years of age or older before anesthesia will be administered. The tests are optional for dogs and cats under 6 years of age, unless deemed necessary by the doctor for specific medical reasons (which will be discussed with you prior to the procedure being undertaken).

PRE-ANESTHETIC / PRE-SURGICAL BLOOD SCREEN:

- A. This blood screening includes a CBC (Complete Blood Count), Platelet Count (for blood clotting), and a panel of Blood Chemistry tests to assess the health of the kidneys and liver.
- B. Required for all dogs and cats 6 years of age and older.
- C. The cost of this Blood Screening Test is in addition to other procedural fees.

YOU MUST CHECK ONE ITEM BELOW

___ YES, I authorize the Pre-Anesthetic/Pre-Surgical Blood Screen to be performed.

___ NO, I do not authorize the Blood Screen to be performed.

ELECTROCARDIOGRAM (ECG) (EKG) SCREENING:

- A. The ECG can detect electrical abnormalities in the heart's function which cannot be detected by other examinations or tests, and which could lead to an anesthetic problem or crisis.
- B. Our hospital is equipped with state-of-the-art computerized ECG testing technology.
- C. Required for all dogs and cats 6 years of age and older.
- D. The cost of the ECG Screening Test is in addition to the other procedural fees.

YOU MUST CHECK ONE ITEM BELOW

___ YES, I authorize an ECG to be performed.

___ NO, I do not authorize an ECG to be performed.

By signing below, I indicate that I have read and understand the information above and agree to the terms:

OWNER/CARETAKER SIGNATURE _____ DATE ___/___/___