

## Standard Consent/Pre-Anesthetic Blood Work Form

I, the undersigned owner or designated agent, hereby authorize the staff of Centerville Animal Hospital to perform the following surgical/dental procedure: \_\_\_\_\_.

I authorize anesthesia and understand that there are potential complications, including death, associated with anesthesia. I also understand that the veterinarian will make every effort to contact me in case of unforeseen emergencies regarding treatment, but if unable to contact me, will proceed with any life-sustaining procedures.

I also assume full responsibility for any additional incurred expenses after surgery that may need to be performed, such as x-rays, re-check exams and additional surgery. (There is no additional charge for suture removal.)

A complete physical exam will be performed on your pet prior to the surgical/dental procedures, but this may not identify all internal problems. For this reason, we recommend that your pet have a pre-anesthetic blood panel to evaluate major organ function prior to anesthesia. **If your pet is five years of age or over, blood work is mandatory.**

### Centerville Animal Hospital Pain Management Philosophy

Our clinic strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and pain medication to continue at home.

### Blood Panels/Procedures (please choose one)

1. Chem 17 \_\_\_\_\_
2. Prep Profile \_\_\_\_\_
3. Microchip \_\_\_\_\_
4. None \_\_\_\_\_

### Canine

Heartworm Test/Jr. Wellness \_\_\_\_\_  
Rabies Vaccination \_\_\_\_\_  
DA2PP \_\_\_\_\_  
Bordetella \_\_\_\_\_  
Lyme \_\_\_\_\_  
Lepto \_\_\_\_\_

### Feline

FelV/FIV Test \_\_\_\_\_  
FVRCP \_\_\_\_\_  
FelV Vaccination \_\_\_\_\_  
Rabies Vaccination \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact/Phone Number \_\_\_\_\_