	SURGICAL, ANESTHESIA, PRE-ANESTHETIC BLOOD TESTING CONSENT FORM
an of	m the owner of the above mentioned animal, or I am responsible for the above named imal, and I have the authority to administer this consent. I hereby authorize the performance the following procedure(s) at the Fond du Lac Veterinary Clinic. OCEDURE(S) INITIAL INITIAL
op the	ereby acknowledge that it has been explained to me that during the course of the eration/procedure(s), unanticipated conditions may be revealed that require an extension of e original procedure(s). The extent to remedy those conditions will be at the discretion of the ending doctor. INITIAL
pro	nderstand that some risks always exist with anesthesia and/or surgery. While I accept that all ocedures will be performed to the best of the abilities of the staff, I understand no guarantee warranty has been made regarding the results that may be achieved. INITIAL
coi in rec est	onsent to the administration of anesthetics, drugs, IV Fluids, and/or medications, as may be insidered necessary or advisable by the veterinarians responsible for this service. I realize that many cases it is impossible to determine in advance the extent of medical/surgical treatment quired for an animal. In such cases, the staff of the Fond du Lac Veterinary will attempt to simulate the cost of treatment, but it is understood that the actual cost may exceed or be lower an this estimate. INITIAL
the	nderstand that veterinary care after hours and/or weekends is provided at the discretion of attending veterinarian. Continuous presence of personnel is NOT provided during these urs. Please be aware that some services may be provided by a veterinary student, certified terinary technician or an unlicensed assistant. INITIAL
un	cknowledge FULL responsibility for the payment of fees related to these services. And I derstand that all fees are to be paid at the time my pet is discharged from the Fond du Lac terinary Clinic. INITIAL
	Has your pet vomited or had diarrhea in the last 24 hours? No/Yes/describe What medications is your pet currently taking? (Include over-the-counter medications)
	What time was the last does of medication administered?
	To your knowledge, has your pet ever had any adverse reaction to anesthesia? No/Yes/Describe

THANK YOU FOR CHOOSING US AS YOUR VETERINARY CARE PROVIDER!

SURGICAL, ANESTHESIA, PRE-ANESTHETIC BLOOD TESTING CONSENT FORM

Please read carefully & indicate your choices.

Your pet is in for anesthesia/surgery and should do fine. We will perform a full physical examination on your pet before administering the anesthesia. However, we highly recommend a pre-anesthesia blood profile be performed. This will alert the doctor to the presence of dehydration, diabetes and/or kidney & liver disease which would complicate the procedure. These conditions may not be detected unless bloodwork is performed. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnosis and treatments in the event that your pets health changes.

REQUIREMENTS FOR SURGERY:

- ALL PETS 7 YEARS OF AGE AND OLDER ARE REQUIRED TO HAVE CBC/CHEM10 (BLOODWORK)!
- ALL CATS ARE REQUIRED TO BE TESTED FOR FELINE LEUKEMIA AND FIV PRIOR TO SURGERY!
- ALL BASIC VACCINATIONS ("DISTEMPER" & RABIES) MUST BE CURRENT PRIOR TO SURGERY!
- TAKE HOME PAIN MEDICATION IS REQUIRED FOR ALL SURGICAL PROCEDURES!

BLOODWORK OPTION FOR ALL PETS UNDER 7 YEARS OF AGE

Test	Price	Agree	Disagree
CBC/CHEM10 Blood Panel	\$79.99		

ADDITIONAL OPTIONS FOR YOUR DOG

Test	Price	Agree	Disagree
Heartworm/Lyme/E. canis/A. phagocytophilum Blood	\$37.50		
Microchip (includes registration)	\$39.99		
Bordetella (kennel cough)	\$16.00		
Lyme (2 part series 1 st year, then annual)	\$35.00		

ADDITIONAL OPTIONS FOR YOUR CAT

Test	Price	Agree	Disagree
Microchip (includes registration)	\$39.99		
Feline Leukemia (2 part series 1 st ear, then biannual)	\$30.00		

Procedure(s):	
Signature of Owner or Agent:	Date:
Printed Name:	Staff Initials:
Emergency Contact Phone Number(s):	