



# FELINE

## PRE-ANESTHETIC BLOOD TESTING & SURGICAL CONSENT FORM

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions of the blood are not detected without blood tests.

**CBC** – We recommend a CBC for the *young cat or dog* to detect such conditions as infection, anemia, dehydration, clotting problems or other blood disorders. These hematology tests are especially important before any kind of surgery.

**Blood Chemistry Profile** – For the *older animal*, we recommend a Blood Chemistry also be run. The anesthetic agent is removed from the body by the liver and the kidneys, so it is important in the older animal to know before anesthesia that these organs are functioning at 100%. Also glucose and total protein levels add to our determination of the overall health of your pet.

For these reasons, we highly recommend blood screening before such procedures. Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and/or surgery. Please indicate your choice below:

- Yes, I want my pet to have a CBC.
- No, I do not want my pet to have a CBC/Blood Chemistry Profile
- Yes, I want my pet to have a CBC/Blood Chemistry Profile

**Other Optional Procedures:**

- |  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes Fecal / Dewormed  | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Feluk Tested     | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Vaccines Current | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Microchip        | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Dental           | <input type="checkbox"/> No |

I have been advised to the nature of the procedures or operations and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or operations. I understand that the Nucci Veterinary Staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having the Nucci Veterinary Clinic take the steps necessary to help ensure the safe care of my pet.

Procedure(s) \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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