

## Pre-anesthetic laboratory testing consent form

To offer your pets the best and safest technology available we are now able to do blood chemistry testing in our laboratory. This is an optional service for pets scheduled for elective surgery. The tests usually can be done the same day of a surgery or procedure where anesthesia will be performed.

These recommendations closely follow the guidelines proposed by anesthesia specialists and university veterinary hospitals. There are 3 categories for most apparently healthy animals.

1. Young animals: less than 3 years. A prep-screen blood chemistry panel and a PCV (anemia test) are a very good idea. The cost is \$47.00

2. Middle age animals: 3 to 7 years old. A prep-screen blood chemistry panel and a PCV (anemia test) are strongly recommended. The cost is \$47.00

3. For animals 8 years or older: A more complete diagnostic blood chemistry panel and either a PCV or a complete blood count. The cost is \$69 for a complete chemistry and PCV. Further tests may be indicated from findings or the specific pet's condition.

I WANT the tests

I do NOT want the tests

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Standard Consent Form

**To: Mt. Hope Veterinary Hospital and Dr. Margaret Berry or Dr. Stephen Sage or Dr. Rachel Harshbarger**

Name \_\_\_\_\_ Name of animal \_\_\_\_\_  
Address \_\_\_\_\_ Species \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Breed \_\_\_\_\_

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operations(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

Additional information: \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Owner or Agent

\_\_\_\_\_

Witness to above signature