

# PREANESTHETIC BLOOD WORK CONSENT FORM

Your Name: \_\_\_\_\_ Phone where you can be reached: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Although modern anesthetic drugs and procedures are extremely safe and their health risks are very low, certain underlying diseases and conditions can increase the risk for your pet. Preanesthetic blood work allows a veterinarian to access your pet's overall health and possibly detect conditions that can negatively affect your pet's health and recovery. If the bloodwork shows abnormalities, the veterinarian may make recommendations for changes to your pet's treatment plan. Many conditions can be detected early (prior to your pet showing any symptoms) through blood work which can often give your pet more and/or better treatment options. Preanesthetic blood work can also be helpful in establishing baseline values for your pet that can be used for comparison should your pet get sick in the future.

Vienna Veterinary Clinic **requires** preanesthetic blood work be completed prior to elective procedures for animals with certain preexisting health conditions and for all animals 8 years old or older. Vienna Veterinary Clinic **recommends** preanesthetic blood work for all other animals undergoing elective anesthesia.

The following blood work is  **Recommended** or  **Required**:

|                            |   |
|----------------------------|---|
| Complete Blood Count (CBC) | Analysis of three types of cells found in blood; Red Blood Cells (RBC), White Blood Cells (WBC), and Platelets. Let us know about anemia, hydration status, possible infections, possible clotting issues and other indicators. |
| Chemistry Panel            | Analysis of major organ function. Let us know how the kidneys, liver, and pancreas are functioning. Also tells us blood glucose, serum protein, and electrolyte levels.   |
| SDMA/T4                    | Early indicator test for kidney disease and test for thyroid disorders.   |

**Please Mark and Sign the Option Below That Represents Your Election.**

## **If Your Pet is 7 Years Old or Younger and Healthy:**

**YES**-Please **complete** the recommended blood work indicated above. I understand the cost of the bloodwork is an additional charge and agree to payment thereof. (Estimates are available upon request)

**OR**

**NO**-I **decline** the recommended blood work indicated above at this time and request you proceed with the anesthetic procedure. I understand the potential risk of performing anesthesia on my pet without preanesthetic blood work.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **If Your Pet is 8 Years and Older OR has Pre-Existing Health Conditions; Patient is REQUIRED To Have Bloodwork:**

I understand that preanesthetic blood work is required for my pet due to a preexisting health condition or my pet's age and consent to the blood work indicated above. **(Failure to consent to required bloodwork, WILL result in postponement of the anesthetic procedure)**

Signed \_\_\_\_\_ Date \_\_\_\_\_