

LOG CABIN ANIMAL HOSPITAL
Presurgical Bloodwork Consent Form

Client ID:		Name:			
Client Name:		Breed:			

Your pet will be undergoing general anesthesia, sedation and/or a surgical procedure. There are always certain risks associated with any operation, procedure, and use of anesthesia. Pre-surgical blood testing helps us to assess internal organ function and determine if there are any additional precautions we need to take before surgery.

CBC (Complete Blood Count): White blood cells (inflammation/infection), red blood cells (anemia), and platelets (blood clotting).

Chem 10: Glucose (diabetes, hypoglycemia), ALT & ALP (liver enzymes), BUN & Creatinine (kidney function), Albumin & Total Protein (hydration)

Chem 15: Chem 10 PLUS - Bilirubin (liver), Calcium (some cancers, parathyroid function), Cholesterol (lipid diseases, liver), Phosphorus (kidney)

Thyroid (T4): The thyroid gland is important for metabolism of all the cells in the body. It is especially important to check in cats over 10 years of age or dogs of any age that are lazy or overweight.

We recommend these pre-anesthetic blood panels, to evaluate your pet on the inside, at a significantly discounted rate from the regular, day-to-day price.

****Senior Pets (7 years and older) are required to have a minimum of Panel #1****

_____ **Panel #1:** Chem 10, CBC \$75 (\$14 discount)

_____ **Panel #2:** Chem 15, CBC \$87 (\$17 discount)

_____ **Panel #3:** Chem 15, CBC, T4 \$114 (\$26 discount)

_____ My pet is under 7 years of age and I decline a pre-anesthetic blood panel for my pet at this time. I understand that this prevents the doctor from being able to determine any underlying illnesses that could adjust the anesthesia or surgery plan.

****Dogs over 9 months of age must have a negative heartworm test within the last 12 months****

_____ Heartworm blood test, **DOGS ONLY**

_____ Feline leukemia, FIV, and heartworm test, **CATS ONLY**

Consent Signature _____ Date _____

LOG CABIN ANIMAL HOSPITAL
Anesthesia/Surgery Consent Form

Client ID:		Name:			
Client Name:		Breed:			

I, the undersigned owner, or owner's authorized agent, of the above pet certify that **I am over eighteen years of age**. My pet will be undergoing general anesthesia/sedation and a surgical procedure. There are always certain risks associated with any operation, procedure, and use of anesthesia. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

****It is our hospital policy that all pets staying with us must be current on the following 2 immunizations:**

“Distemper” (DHLPP for dogs/RCP for cats) and Rabies. These vaccinations must have been given by a licensed veterinarian. This is for the protection of our staff and the other pets in our care.***

FLEA FREE POLICY: If fleas or flea dirt are discovered on your pet, we will treat them and add the cost of treatment to your invoice.

At this time, we are not able to provide in house staff 24 hours/day. If you have any questions about overnight care, please ask us.

****I hereby consent and authorize the doctors and staff of Log Cabin Animal Hospital to perform on my pet sedation and/or general anesthesia, plus the following surgical procedures and services:**

_____ Surgical Sterilization (spay or neuter)

_____ Front Declaw

_____ Mass Removal

_____ Deciduous Teeth Extraction(s)

_____ Other surgical procedure(s):

_____ Sedation for non-surgical procedure(s):

_____ Other services:

_____ Vaccine(s):

_____ Dewormer

_____ Intestinal Parasite Screen

_____ Permanent ID Placement (Microchip)

_____ Heartworm and/or Flea/Tick Prevention:

_____ Other:

_____ None

Consent Signature _____

Date _____

Contact phone number for the day: (_____) _____ -

(_____) _____ -
