

**ASTON VETERINARY HOSPITAL**  
**PRE-ANESTHESIA/SURGERY BLOOD TESTING RECOMMENDATIONS**

Your pet is scheduled for anesthesia/surgery. A complete physical exam will be performed before your pet is admitted to the hospital. However, there may be conditions that we are unable to identify with a physical exam alone. Because your pet's health is important to us, we recommend blood tests to ensure that your pet is in a low risk category prior to anesthesia. The latest lab technology enables us to run accurate blood counts and chemistries before anesthesia. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill. The cost of the following is in addition to the estimate you have been given for surgery.

	Accept	Decline
<b>Profile #1: Cost \$_____</b>		
<i>Recommended</i> for healthy patients under 7 years of age	_____	_____
Includes: PCV/TP (assesses anemia, dehydration), BUN & CREATININE (Kidney), ALKP & ALT (Liver), Glucose (Sugar), Protein		

	Accept	Already Done
<b>Profile #2: Cost \$_____</b>		
<i>Required</i> for Patients over 7 years age or sick patients.	_____	_____
Includes: all of Profile #1, CBC (anemia, infection, clotting ability), ALB (protein), AMYL (pancreas), BILIRUBIN (liver), CALCIUM (for some cancers), PHOSPHOROUS (kidney), CHOLESTEROL		

There are also several diseases that may increase your pet's risk, if infected, to anesthetic/surgical complications. For this reason we would like to determine the status of your pet for these diseases prior to anesthesia.

	Accept	Decline	Tested
<b>Dogs:</b>			
Heartworm test (Cost \$_____)	_____	_____	_____
Lyme disease test (Cost \$_____)	_____	_____	_____
<b>Cats:</b>			
Feline Leukemia/Feline Immunodeficiency Virus (Cost \$_____)	_____	_____	_____

**PAIN MANAGEMENT**

Your pet is undergoing a surgical procedure and may experience some pain associated with it. We would like to provide pain control for those patients that the doctor feels need it after surgery. There will be a charge for these medications. Please initial if you would accept these medications if your pet should need it.

Doctor to quote cost \$\_\_\_\_\_. Initial \_\_\_\_\_.

**AVID CHIP**

The AVID chip is a nationwide pet identification system which uses a small microchip injected under your pet's skin. This chip contains a number unique to your pet. The chip can be scanned to identify your pet, if lost, and help bring them back home safely. Please initial if you would like us to place an AVID chip while he/she is under anesthesia. Cost is \$\_\_\_\_\_ Initial \_\_\_\_\_.

Phone # (day) \_\_\_\_\_  
 (evening) \_\_\_\_\_  
 (cell) \_\_\_\_\_

**ASTON VETERINARY HOSPITAL**  
**AUTHORIZATION FOR TREATMENT**

I understand that despite precautions taken, surgery and anesthesia have inherent risks. There is never a 100% guarantee that anesthesia and surgery will be uneventful. However, by offering extensive pre-anesthetic testing and the safest anesthetic protocols we hope to minimize the risks and insure that your pet has the best chance to a positive outcome.

I hereby authorize Aston Veterinary Hospital to administer such treatments and procedures, including anesthesia, that are considered medically necessary by the veterinarian. I hereby certify that I have read and fully understand this authorization for treatment, the reasons why such medical and/or surgical treatment is considered necessary, as well as its advantages and possible complications. I have been given an estimate for these procedures. I assume full financial responsibility for this animal(s) and agree to pay all such charges at the time of release of this patient.

\_\_\_\_\_  
Signature of Owner/Agent  
(Must be 18 years old)

\_\_\_\_\_  
Date