

# DEVRIES ANIMAL HOSPITAL

528 Spring Road, Elmhurst IL 60126 630-833-7387



\_\_\_\_\_  
Client Patient Age Date

## Pre-Anesthetic Testing Consent Form

*Please read carefully and sign.*

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to inform you why we require pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well-being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we require a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

The combination of blood tests required for pets less than 6 years old.

BUN	Creatinine	ALKP	Price \$73.50
ALT	Glucose	Total Protein	
Hematocrit (red blood cell volume)			

The combination of blood tests required for pets 6 years and older.

BUN	Creatinine	ALKP	Price \$113.00
ALT	Glucose	Total Protein	
Albumin	Total Bilirubin	Phosphorus	
Amylase	Cholesterol	Calcium	
Hematocrit (red blood cell volume)			

.... I acknowledge the requirement for pre-anesthetic testing and authorize completion of the above recommended blood tests.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Phone

Please also complete the following while my pet is anesthetized (initial all items requested):

Nail Trim (\$29.00) \_\_\_\_\_  AVID Microchip ID (\$60.00) \_\_\_\_\_  Dispense Flea Prevention \_\_\_\_\_

Please provide additional information regarding: \_\_\_\_\_ Nutrition/Diet \_\_\_\_\_ Dental Care

\_\_\_\_\_ Behavioral Counseling \_\_\_\_\_ Flea Prevention \_\_\_\_\_ Heartworm Testing/Prevention

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