

Williamstown Animal Hospital
105 W. Third St.
Williamstown, WV 26187
Dr. Teresa Essig

Owner _____ Pet's Name _____

Species _____ Sex _____ Age _____ Date _____

Pre-Anesthetic Blood Testing/Surgical Consent

Please Read Carefully and Sign

Your pet is scheduled for a procedure that requires anesthesia. Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, the veterinarian will perform a physical exam, but not all underlying problems can be detected on an exam. Pre-anesthetic lab work will aid in identifying medical conditions that could complicate the procedure and health of your pet.

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

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

_____ **General Metabolic Health Profile – Animal Over 2 Years of Age or Any Unhealthy Animal** **\$175.00**

REQUIRED FOR ANY ANIMAL OVER 5 YEARS OF AGE

CBC (complete blood count), Checks for Infection, Blood Clotting, Anemia, BUN (Kidney), ALT (Liver), Glucose (sugar) Albumin, TP, Globulins (proteins); Creatinine, Phosphorus (kidney), Bilirubin, Alk Phos, GGT (liver); Amylase, Lipase (pancreas); Calcium (certain cancers); Cholesterol; electrolytes and SDMA

YES _____ NO _____ **REQUIRED** _____

IV CATHETER (\$80) REQUIRED YES _____ NO _____ **AT DOCTOR'S DISCRETION** _____

We offer the **Save-This-Microchip** Identification System. The cost is **\$36.00**.

YES _____ NO _____ **Already microchipped** _____

We now have **laser therapy**. This procedure can be applied to the incision. Therapy lasers use specific wavelengths of light that improves healing time, pain reduction, and decreases swelling. The cost is **\$25.00 per procedure**. This is included in all feline declaws and cruciate ligament repairs.

YES _____ NO _____

I am the owner, or agent for the owner, of the above described animal and have the authority to execute consent. I have been advised to understand the nature of the procedure(s) and the risks involved and that no guarantees have been made as to results or cure. I consent to the execution of the procedure(s) as deemed necessary by the veterinarian should complications arise and will take full financial responsibility of such emergency. I will not hold Williamstown Animal Hospital, the veterinarian, or staff liable for complications.

Signed _____ Date _____

Phone numbers where I can be reached (____) _____, (____) _____

Witnessed by: _____