



Peterson Veterinary Clinic

Office 218.773.2401

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229 20th Street Northwest
East Grand Forks, MN 56721

Client

Patient

Age

Date

Pre-Anesthetic Blood Testing Consent Form

Please read carefully and sign.

Like you, our greatest concern is the well-being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of kidney or liver diseases, dehydration, diabetes, or hypoglycemia. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests may be useful if your pet's health changes in the future, to help us develop faster, more accurate diagnosis and treatment.

State of the art equipment enables us to perform the pre-anesthetic profile at our clinic. We have made a commitment to make this technology available to your pet.

*** Healthy patients under 8 years of age**

Cost \$ _____

Includes: *BUN (kidney) *Glucose (sugar) *Total Protein (dehydration)

***ALT (Liver) *ALKP (liver) *Creatinine (kidney)**

***Geriatric patients or sick patients**

Cost \$ _____

Includes: All tests in healthy animal profile, plus

***Albumin (protein) *Calcium (tumors) *Amylase (pancreas)**

***Total Bilirubin (liver) *Cholesterol *Phosphate**

____ Please complete the recommended blood work prior to surgery on my pet. If abnormalities are found, please contact me prior to the procedure. I understand there are always potential risks when using anesthesia or performing surgery on an animal

Signature of Owner

____ I have elected to refuse the recommended pre-anesthetic blood tests at this time and request that you proceed with anesthesia. I understand there are always potential risks when using anesthesia or performing surgery on an animal

Signature of Owner

Phone number we can reach you at today: _____