



CABRILLO
Pet Hospital
The Only Place Your Human Should Take You.

Pre-Anesthetic Blood Testing

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions including **disorders of the liver, kidneys or blood** are not detected unless blood testing is performed. Such tests are especially important before any kind of anesthetic.

For these reasons, we **highly recommend** blood screening before such procedures. The total cost of these important tests is: **\$86**

Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be available before anesthesia and /or surgery.

For pets over 7 yrs old it is mandatory to run the Pre Anesthetic blood test if they have not has any blood work in the last 6 months – 1 year.

If your pet is under 7 year this is highly recommended, but not mandatory

- Yes, I want my pet to have a pre-anesthetic blood test
- No, I understand the risks of anesthesia. I do not want my pet to have a pre- anesthetic blood test.

SIGNED _____ DATE _____
OWNER/AGENT

Authorization for Anesthetic Procedure

Please fill out the following information:

Name: _____ Pets Name: _____

Telephone Number: Daytime _____
Number that we can reach you at especially between 10 - 3

If you are not available by phone today, or we cannot reach you at the number you have left with us, do we have permission to treat other problems that we may find upon examination, or while your pet is under anesthetic:

Yes No
Yes, up to \$ _____ amount

Procedure: _____

Please circle if your pet has: Poor/No Appetite Acting Sick/Lethargic Vomiting Diarrhea

Post Surgical Pain Management Yes / No
 Would you like a Microchip implanted Yes / No
 E-Collar Yes / No

The nature of such service has been described to my satisfaction. I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all the services rendered. Payment is due on the date of the procedure.

___ I have received an estimate for the service(s) and accept complete financial responsibility.

___ I do not want an estimate for services and accept complete financial responsibility for charges incurred.

___ I would like an estimate. Please call me # _____ - _____ at the following time if I am not available, this procedure will be rescheduled.

I hereby authorize performance of the following anesthetic/procedure, I affirm I am 18yrs old or older

SIGNED _____
Owner/Agent

DATE _____