

TRITT ANIMAL HOSPITAL - SURGICAL INFORMATION AND CONSENT FORM

Owner's Name: _____ Pet Name: _____

Procedure for Today: _____ Phone Number: _____

Pre-Anesthetic Blood Testing

Our greatest concern is the wellbeing of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the kidneys, liver, or blood are not detectable with routine exams, and can only be detected if blood testing is performed. If a problem is detected, an adjustment in anesthetic protocol will be made or the procedure delayed or cancelled to address the wellbeing of your pet.

The Doctors **REQUIRE that every Canine over the age of 7 and Feline over the age of 10 complete a blood screen before every surgical procedure that requires general anesthesia.*

It is **RECOMMENDED that bloodwork is done on any pets under the required age.*

I have been informed about pre-anesthesia blood work and am aware that it is recommended by the doctor.

I decline blood work

I authorize blood work (*add'l cost)

(* \$82 to \$150 - Depending on your pets age, health and doctor recommendation)

Doctor's Discretion (*add'l cost)

Bloodwork already done within 2 months

If your pet has not been microchipped, would you like us to do that while under anesthesia? **Y/N
(Tritt's fee is \$72.75 with no enrollment fee)

****Are there any other concerns you have that we can address while your pet is under anesthesia?**

I, the undersigned, authorize surgery for my pet. The nature and risks of this procedure have been explained to me. I am encouraged to discuss any concerns with my veterinarian before the procedure(s) are started.

I authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be assisting in my pet's care. I understand that during anesthesia, emergency or unforeseen conditions may make it necessary for the doctor to perform additional or different procedure(s) that are in my pet's best interest. I therefore authorize these emergency procedures until I can be contacted.

Owner's Signature _____ Date _____ Rev 5/22