

Please print this form, fill it out and bring it to the hospital at the time of your appointment

Gerald Glencer, DVM
Peter Kunoff, DVM

Ypsilanti Animal Clinic
37 Ecorse Rd, Ypsilanti, MI 48198
(734) 485-1622

Canine Pre-Anesthetic Blood Testing Consent Form

Pets Name: _____

Procedure: _____

Like you, our greatest concern is the well-being of your pet. Before anesthetizing your pet, the attending doctor 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. Therefore, such tests are especially important before any kind of surgery on your pet.

For these reasons, we highly recommend blood screening before any procedures. Our laboratory is fully equipped to perform these important blood tests. Results will be immediately available to examine before anesthesia and/or surgery.

Please indicate your choice below:

- Yes! I want my dog to have a basic pre-anesthetic blood screen for \$52.00
- Yes! I want my dog to have a comprehensive blood screen for \$76.00
(includes Heartworm test which saves \$10)
- NO, I do not want my dog to have a pre-anesthetic blood screen

Pain Management Consent:

For your pet's comfort in the post-operative period, we can offer pain management medications. These provide a painless recovery from anesthesia, similar to the effect Demerol gives human patients. These medications are very safe, and non-addictive. The total cost of post operative pain medication administered in this hospital is \$12.00.

Please indicate your choice below:

- Yes, I want a painless recovery from anesthesia for my pet
- No, I decline post-operative pain medication for my pet
- If Needed, I will leave it to the doctor's discretion. If my pet shows Signs of pain during recovery please administer pain relief medication.

Signed: _____ Date: _____

Today's Phone: _____ Additional #: _____

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Admission / Consent

I, the undersigned owner or authorized agent of " _____ " hereby authorize Ypsilanti Animal Clinic, their doctors and assistants, to administer such treatments and to perform such procedures as are considered therapeutically and/or diagnostically needed for the care of my pet. This includes the administration of sedatives and/or general anesthesia.

I agree to pay for all services rendered at the time my pet is discharged from the hospital, or when services are otherwise terminated. I realize that in many cases it is impossible to determine in advance the extent of medical or surgical treatment required for a particular animal. In such cases, staff from the Ypsilanti Animal Clinic will attempt to estimate the cost of treatment. It is understood that the actual cost may exceed or be lower than the estimate, depending on the extent of an animal's problem.

I understand that any animal found infested with fleas at the time of admission will be treated at the owner's expense. The exception would be those pets that are too sick or debilitated to withstand such treatment. The cost of this treatment will be \$21.50.

Signature of owner or authorized agent:

Date:

Additional Authorization:

In the event that emergency treatment is required and I cannot be reached, I authorize the clinic, its doctors and assistants to perform the diagnostic testing and treatment needed to preserve the animal's life until I can be contacted for further authorization.

Owner's Initials