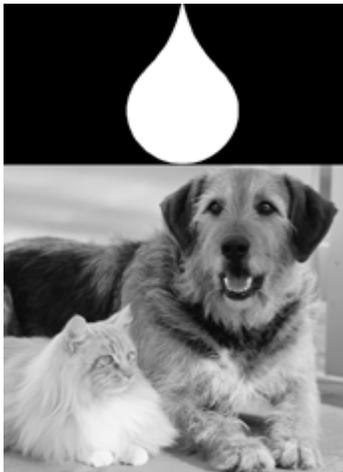


VetMed Animal Clinic
7257 Turner Lake Rd.
Covington, Ga.30014
770-787-4899



Client _____ Patient _____ Age _____ Date _____

Please read carefully and sign.

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia.

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

The combination of blood tests we recommend:

Pets 6 months – 1 year **PRICE \$49.00**
Complete Blood Count (CBC)
 Anemia, Infection, Clotting

Pets 0 –7 years old **PRICE \$110.00**
Minor Health Profile (MHP/CBC)
 ALT, ALKP (Liver) Creatinine, BUN (Kidney)
 GLUCOSE (Sugar Level) Total Protein
 CBC (Complete Blood Count)

Pets Over 7 years & sick patients **PRICE \$155.00**
General Health Profile (GHP/CBC)
 All tests in healthy animal profile, plus
 Albumin (Protein) Phosphorus (Kidney)
 Calcium (Tumors) Total Bilirubin (Liver)
 Amylase (Pancreas) Cholesterol

Please take a moment to answer these questions.	
___Yes ___No	Is your pet on heartworm prevention?
___Yes ___No	Has your pet been checked for internal parasites in the last six months?
___Yes ___No	Any vomiting, coughing, or diarrhea noticed?
___Yes ___No	Has your pet eaten or drank this morning?
___Yes ___No	Is your pet on medications? What kind? _____
___AM ___PM	When were they given last?
___Yes ___No	Has your pet been ill or injured in the past 30 days?
___Yes ___No	Is your pet allergic to any medications? If so what? _____
___Yes ___No	Do you need an estimate?

YES, please complete the recommended testing prior to administering anesthesia to my pet.

Owners Initials: _____

NO, I DECLINE the recommended pre-anesthetic tests at this time and request you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Owners Initials: _____

I understand that there will be an additional charge if my female pet is in heat or pregnant at the time of surgery.

Owners Initials: _____

Signature of Owner _____ **Daytime phone number** _____