

# Native Palm Animal Hospital

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Dr. Joan S. McMIndes

## Anesthetic Blood Screen Release and Consent

\*\*\*Your pet is coming in for a procedure or surgery that requires anesthesia. Although many advances have been made anesthesia does still carry some risks. During the procedure today your pet's blood oxygen level, heart rate, and rhythm will be monitored. Because drugs that are used in anesthesia are eliminated primarily by the liver and kidney a complete blood count and blood chemistry are recommended to identify pre-existing conditions that could lead to complications with anesthesia or healing. Pre-surgical electrocardiograms (EKG) are strongly recommended to screen the heart for pre-existing disease that may not be detectable on routine examination.

### Accept/decline

|         |   |               |
|---------|---|---------------|
| ___/___ | CBC and Chemistry (required for pets over 7 years)    | \$ ___        |
| ___/___ | EKG & blood pressure (required for pets over 7 years) | \$ ___        |
| ___/___ | Dental  | \$ ___        |
| ___/___ | Oravet  | \$ ___        |
| ___/___ | Microchip (required for hurricane boarding)           | \$ ___        |
| ___/___ | Laser Therapy (post op)                               | \$ ___        |
|         | Nail trim   | complimentary |

Laposcopic fee \$ \_\_\_\_\_

Gastropexy fee \$ \_\_\_\_\_

During anesthesia an intravenous catheter will provide fluids to maintain blood pressure. In the event of an emergency this will allow rapid administration of life saving drugs. All patients undergoing an anesthetic procedure will have a catheter in place (this requires a small patch of hair be shaved). Only elective procedures may decline the IV catheter (spay, neuter, declaw, routine dental, small growth removals).

\_\_\_\_\_ Decline IV catheter \$ \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS, PLEASE ASK BEFORE SIGNING.

By signing below you are consenting to the above procedures and treatments.

**SIGNATURE OF OWNER OR AGENT:** \_\_\_\_\_

**PET'S NAME:** \_\_\_\_\_ **PET'S NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CHANGE IN ADDRESS:** NO YES \_\_\_\_\_

\_\_\_\_\_