

Fort Wayne Pet Hospital Pre-surgical Consent Form

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A complete physical exam will be performed on your pet prior to the surgical/dental procedure, but this may not identify systemic or metabolic problems. For this reason, we strongly recommend that all pets have a pre-anesthetic blood panel to ensure that your pet is in the low risk category prior to anesthesia. The latest technology has enabled us to run safe and accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run when you undergo anesthesia. In addition, the results will serve as a baseline reference value for future use should your pet become ill. **Pre-anesthetic blood work has 2 options below to assess the health of your pet. This is a significant discount on surgery patients ONLY.** If time allows prior to surgery day or if checking in the night before an Annual Health Panel is the most complete test and is a great value through Idexx.

At doc	·	are i	Frim, & Absorbabl ncluded in your pro e additional pain ma	ocedure.		• ,	weight.	
	Plea	se list Proce	edures/Vacs to be	e performed t	oday			
	Heartworm M	Iedication: 🗆 Y	ES 🗆 NO Flea/Tic	k Medication: 🔲 🕽	ES [] NO		
Updat	e Vaccinations:	□ YES □ NO	Fecal Test (\$46) at	nd/or Anal Glands (\$1	12):	YES	□ NO	
Flu	ids during surge	ery recommended	for pets 7+ years old or	as recommended (\$68): □	YES 🗆] NO	
	Is Tra	zadone needed for	anxiety/sedation post-ope	rative? 🗆 YES	□ NO			
It is recomr	nended that cats b	be tested for Feline	e Leukemia Virus prior to	surgery. FeLK/ FIV	// HW T	est \square	\$49 \(\square\) No	
	Rec	ommended]	Pre-Surgical Blo	od Work Opt	ions:			
Base Bundle 1 (dle 1 (B1)			Complete Bundle 2 (B2)			
Chemistry	CHEM 10 ALB GLOB ALB/GLOB BUN/CREA BUN	TP GLU ALT ALKP CREA	Chemistry	CHEM 17 ALB GLOB ALB/GLOB BUN/CREA BUN	TP GLU ALT ALKP CREA	AMYL CA LIPA PHOS CHOL	TBIL GGT	
	□\$81			□\$108		_		
Electrolytes	Na+ K+ Cl- Na+/K+		Electrolytes	Na+ K+ Cl- Na+/K	+			
СВС	□\$32 Complete Blood	Count	СВС	□\$32 Complete Blood	d Count	_		
	□\$47			□\$47		_		
□All Tests \$119		9		☐All Tests \$1	42			

CBC (Complete Blood Count) is a screening test used to diagnose and manage diseases. It can diagnose conditions such as anemia, infection, or problems with clotting. It also can show abnormalities in the production, life span, and rate of destruction of blood cells.

ELECTROLYTE PANEL is a test to detect a problem with the body's fluid and electrolyte balance.

CHEMISTRY is a test to assess the general health and function of the body and internal organs.

☐ I DECLINE ALL RECOMMENDED PRE-ANESTHETIC BLOODWORK

Optional Surgical Suggestion:

MICROCHIPS are u	sed to permanatently	identify your pet.	Shelters, rescues,	, officers,	and most vet	offices will scan
all pets taken in to hel	p find owners. Alway	ys update any pho	ne or address char	nges.		

\square YES	\square NO	Cost: \$45	TURN OVER TO COMPLETE - 1

I understand full payment is	s due at discharge	<u>. </u>	(initials)
I understand all surgical proof the procedure(s)		an \$500 re	quire a deposit of \$500 prior to the star
Estimate may change based	on post surgical	evaluation	•
\$ Estimated Total T	oday (ini	itials)	
in hospital care and handling. I hereb listed above and additional pets I pres	y authorize this hospita ent. I understand that v	ll to receive, proveterinary serv	for your pet, and to provide for all possible safety rescribe for, treat, or perform surgery upon the pet(s) vice may be provided during night time hours as nee of qualified personnel may not be provided.
is otherwise terminated, unless otherw of 1.5% (18% annually) shall be appliresponsible for all unpaid past due am	vise agreed to in writing ied to all amounts not paranounts, and if this accountall costs of collection, in	g. I further agreated when due. Int is turned over the court is turned over the court is the court including court is the court including cour	y pet is discharged from the hospital or the service ee and acknowledge that a monthly finance charge In the event of nonpayment, I agree that I will be ver for collections, regardless of whether or not suit t cost and reasonable attorneys' fees. I also agree to k.
			o not notify you within that time period, you may pet as you deem best and/or necessary.
Print Name:		_ Sign Name:	
Chart Number:	Date:	E	Best contact Telephone #:
Address:	Held Card Zip	Code:	Last 4 number of Social Security:
Staff Initials:			

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