

Shelbyville Road Veterinary Hospital

Date: _____ Client Name: _____ Pet's Name: _____
Surgery/ Treatment/ Procedure: _____
Contact Name _____
Home# _____ Cell# _____ Work _____

Pet History

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Are vaccinations current within the last 12 months? *All pets admitted must be current on Rabies, Distemper, Bordetella, and H3N8 vaccines. If given elsewhere please supply a copy of records, or clinic name or phone number for verification: |
| ___ | ___ | Has your dog been tested for heartworms in the last 12 months? All dogs must be tested for heartworm disease prior to anesthesia. |
| ___ | ___ | Has your cat been tested for FeLV/FIV? All cats must be tested for FeLV/FIV prior to anesthesia. |
| ___ | ___ | Is your pet allergic to any medications or vaccines? If yes, list below:
_____ |
| ___ | ___ | Is your pet currently on any medication (other than heartworm preventative)? |
| ___ | ___ | Has your pet ever had any problems with any previous medication, treatment, or anesthesia? |
| ___ | ___ | Has your pet shown any sign of illness within the last 48 hours? _____ |
| ___ | ___ | Has your pet eaten after 10:00pm last night? |
| ___ | ___ | Does your pet have a problem that needs to be checked before anesthesia?
If so, please explain: _____ |
| ___ | ___ | Would you like your pet to go home on pain medications? |
| ___ | ___ | Is your pet 8 years or older? All pets 8 years and older require IV fluids. |
| ___ | ___ | Has your pet ever had a seizure? |

Does your pet need any of the following? *To be done during this visit*

(Please put your initials to the left if you want an elective procedure done)

***** Additional charges will be incurred for these elective procedures. *****

- ___ Stool check for intestinal parasites
- ___ Laser surgery (\$75 fee)
- ___ IV Fluids (maintains blood pressure during anesthesia)
- ___ ECG/EKG
- ___ Microchip (permanent pet identification)
- ___ Feline leukemia & FIV blood test
- ___ Vaccinations: please circle: Distemper Rabies Feline Leukemia Bordetella H3N8
- ___ Express anal sacs
- ___ Heartworm blood test
- ___ Nail trim
- ___ Extract retained baby teeth if needed (should be out by 6 months of age)
- ___ Extract any broken or infected teeth
- ___ Clean ears
- ___ Apply OraVet sealant to teeth (ask for details)
- ___ I need more heartworm prevention/flea prevention. How many of each? _____

Pre-Surgical/ Treatment/ Anesthesia Blood Screen

*We recommend blood screening for **all animals receiving anesthesia** for any treatment or surgery. Many anesthetics that are used are processed through the liver and kidneys. It is important that these organs are functioning properly to rid the body of anesthetics. This laboratory testing assists us in detecting possible underlying abnormalities that could potentially add to the risks involved for your pet.

This blood test will include:

CBC: evaluates red blood cells, white blood cells, and clotting cells. The number and type of these cells give the veterinarian information needed to help diagnose anemia, infections, leukemia and dehydration.

Short blood chemistry profile:

BUN & Creatinine; evaluate for kidney disease

ALT; elevations indicate liver disease or injury

ALKP; elevations indicate bile duct and liver disease, or Cushing 's syndrome

Glucose; high levels can indicate diabetes. In cats, high levels can indicate stress, which can merely be a result of the trip to the office. Low levels are sometimes seen with liver disease, infection, or certain tumors.

Total Protein; evaluates for dehydration, liver, kidney, or gastrointestinal disease

PT/aPTT; checks the clotting time of the blood, which can indicate a bleeding disorder which effects blood clotting

Please indicate your choice below:

- Yes, pre-anesthetic blood tests.
- Yes, pre- anesthetic blood tests including the PT/aPTT test.
- My pet is 5 years or older and will require pre-anesthetic blood tests.
- My pet is 7 years or older and will require a more thorough blood panel, including the PT/aPTT test.
- My pet has already had pre-anesthetic blood work performed.
- No, I do not wish the pre-anesthetic blood tests be performed at this time.

I understand the increased risk and accept all responsibility.

Thank you for bringing your pet to Shelbyville Road Veterinary Hospital. We use the safest and most accepted anesthetics available, but this does not absolve all risk. All anesthetics carry an inherent risk, and adverse effects can occur. We take all the precautions we can to prevent any such an event. Please read the following paragraph and sign and date below.

I consent to the administration of such anesthetic agents necessary, and to the surgical or treatment procedure. I understand there are risks involved with any anesthetic, and that no guarantee of successful outcome is made. I certify that I have read and fully understand this release. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered. If you cannot be reached and your pet is in need of emergency care it will be treated.

Signature: _____ Date: _____

Signature of employee who checked pet in _____

***ALL CATS LEAVING HOSPITAL AFTER AN ANESTHETIC PROCEDURE MUST BE IN A CARRIER.** If you do not have one, you can purchase one for \$7.00 here.