

## 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

Please indicate your choice below:

- Yes, pre-anesthetic blood tests.
- 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.
- 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.