



Lakeland Animal Hospital  
Surgical Consent For Patient Over 7 years of Age.  
Pre-Anesthetic Blood Testing / Surgical Consent Form



Pet Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Procedure: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

Like you, our greatest concern is for the well being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. In addition, we recommend and offer the following options.

We require a pre-anesthetic blood profile to be performed. This enables us to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and/or kidney or liver disease, which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later, as a baseline, in the event that your pet's health changes. The cost of these tests are \$110.00.

\_\_\_\_\_Initials

ECG (electrocardiogram) is offered and recommended for all patients with previous or concurrent heart disease or arrhythmias, animals over 7 years of age, and certain breeds (such as Boxer, Doberman, Cocker Spaniel, Poodle, Cavalier King Charles) that have known predisposition for disease. For young animals this can help screen for congenital (born with) abnormalities.

The cost of a pre-surgical ECG is \$65.00.

Yes      No      \_\_\_\_\_Initials

If the doctor deems it necessary, post-operative pain medication will be administered for an additional \$24 and up per injection charge. (Ex: almost all spay & neuter require pain medication, but is not needed for most animals receiving a dental cleaning.)

Anti-inflammatory / pain medication may be recommended for your pets comfort at discharge. This generally costs \$25-50.

\_\_\_\_\_Initials

I am the owner, or agent for the owner, of the above described animal and have the authority to execute this consent. I hereby authorize Lakeland Animal Hospital, P.C. to perform the above procedure and additional diagnostic treatment, and/or surgical procedures as deemed necessary for my pet. I assume full financial responsibility for this animal. I understand there are always potential risks when using anesthesia or performing surgery on an animal. The nature of the procedure has been explained to me and no guarantee has been made to me as to the results or cure.

Owner/ Authorizing Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I will be available to talk at this phone number \_\_\_\_\_Initials**