

Towne Square Animal Hospital
4804 Towne Square Ct., Owensboro, KY 42301
Phone 270-685-1111

PRE-ANESTHETIC DIAGNOSTIC TESTING

Pre-Surgical blood analysis can help to evaluate your pet's ability to utilize and metabolize drugs and anesthetics. While the performance of the tests **does minimize surgical and anesthetic risks**, they do not detect all potential problems or eliminate all surgical and anesthetic risk.

CBC Checks for anemia, infection and certain bleeding abnormalities

PREP. PROFILE Checks for liver, kidney and blood sugar abnormalities

FELV/FIV Tests for Feline Leukemia Virus and Feline Aids Virus

Recommended Tests for Dogs:

Newborn--2yrs: **Adult 3 yrs. & older**

CBC \$40.26

CBC \$40.26

Prep. \$66.75

___ **YES**, I do authorize these procedures for my pet.

___ **NO**, I do not authorize bloodwork for my pet.

Recommended Test for Cats:

Newborn--2 yrs: **Adult 3 yrs & older**

CBC \$40.26

CBC \$40.26

Prep. \$66.75

FELV/FIV \$55.95

PAIN MANAGEMENT:

Our policy is to control the pain of pets in our care. Unrelieved pain can lead to harmful physical effects and may delay healing. We believe controlling our patients pain is important. Medication may be administered before, during and/or after your pet's medical procedure to reduce pain and discomfort and promote recovery.

___ **YES**, I do authorize the procedures for my pet.

___ **No**, I do **NOT** authorize these procedures for my pet.

___ **YES**, I do authorize **LASER POST OP** at the cost of \$15.76

___ **NO**, I do **NOT** authorize **LASER POST OP**

MICROCHIP:

___ **YES**, I do authorize a Microchip to be inserted into my pet at this time at the cost of \$72.61

___ **NO**, I do not authorize a Microchip at this time.

ANESTHETIC AUTHORIZATION:

I hereby authorize Audubon Animal Hospital to perform procedures, operations and associated anesthesia. Understand that unforeseen conditions may require an extension of a planned procedure or operation. I hereby consent and authorize the performance of such procedures, or operations as necessary and advisable in the professional judgement of the veterinarian. I understand some dental procedures may require extractions. I have been advised of the risks involved with the administration of anesthesia. I have read and understand this authorization and consent form.

Signature: _____

Date: _____

Ph. # _____