IRVINGTON PET HOSPITAL
Pre-surgical Lab and Pain Control Authorization

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Client **Patient** **Date**

PLEASE READ CAREFULLY AND SIGN

Your pet is scheduled for anesthesia/surgery. We recommend a blood profile to ensure that your pet is in a 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 were you to undergo anesthesia. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

PROFILE #1 **HEALTHY PATIENTS UNDER 7 YEARS OF AGE (Preop Profile)**

Complete Blood Count (assesses anemia, infection, and blood clotting)
BUN (kidney test) Creatinine (kidney test)
Glucose (blood sugar test) Total protein (liver test)
SGPT/ALT (liver test) Alkaline Phosphatase (liver test)

PROFILE #2 **PATIENTS OVER 7 YEARS OF AGE (General Health Profile)**

Complete Blood Count Albumin Calcium
SGPT/ALT (liver test) Cholesterol Phosphorus
BUN (kidney test) Glucose Total Protein
Creatinine (kidney test) Amylase (pancreatic test)
Total Bilirubin (liver test) Alkaline Phosphatase (liver test)
Sodium, Chloride, & Potassium (electrolytes)

URINALYSIS Prior to induction or while your pet is anesthetized, we can obtain urine to further add to your pet's database. A urinalysis can check for infection and crystal formation as well as further assess kidney function.

CHECK ONE:

☐ **PROFILE #1**
☐ **PROFILE #2**
☐ **URINALYSIS**

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SIGNATURE OF OWNER

I have elected to refuse the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. I understand that for the health of my pet the blood chemistry work up may reveal health issues that could be a risk during anesthesia. I assume full responsibility for this animal. I understand there is always a potential risk with anesthesia and surgery.

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SIGNATURE OF OWNER

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PAIN MANAGEMENT: ☐ I hereby authorize the administration of an injection of pain medication prior to anesthesia and request pain medication for the immediate postoperative period.

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SIGNATURE OF OWNER