

**County Veterinary Hospital, S.C.**  
**1320 15<sup>th</sup> Avenue**  
**Bloomer, WI 54724**  
**715-568-3621**

Pets name: \_\_\_\_\_

**PRE-ANESTHETIC LAB WORK-UP CONSENT FORM**

Recent advances in anesthesia have made routine procedures extremely safe with a low percentage of complications. When problems do arise they are most often associated with underlying medical conditions undetectable by routine physical examination. For this reason we recommend pre-anesthetic blood testing. These tests are similar to those that would be run by your physician if you were to undergo general anesthesia.

**Pre-anesthetic Blood Panel \$50.00**

Complete Blood count (anemia, infection, bleeding)

Complete Chemistry Profile (12 test for organ health and function)

- Please complete the above lab testing on my pet prior to administering anesthesia. If abnormalities are detected, please contact me at the phone number indicated. I understand there is an additional charge for this to be done.
  
- I have elected to refuse the recommended pre-anesthetic blood testing at this time.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Phone Number