A PRE-ANESTHESIA BLOOD SCREEN is recommended for all pets but is required for pets 7 years of age and older, prior to anesthesia. If all of the tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a low risk category. If any of the test results are abnormal, the doctor will call you to discuss how to proceed. This Blood Screen includes the following tests:

COMPLETE BLOOD COUNT: Detects anemia, infections, and clotting disorders.
ALT and ALKP: assess liver function.                 TOTAL PROTEIN: detects dehydration.

Please check one:  
_____ I want Blood Screen
_____ I decline Blood Screen
_____ Blood Screen was done within past 30 days.

For pets having dental procedures:
After examining your pet under anesthesia, the doctor may recommend additional treatment, such as extractions. In some cases, once dental calculus has been removed, underlying disease can be revealed. Extractions of diseased teeth may involve additional local anesthetics, gas anesthesia, and dental surgery time which commonly range in cost from $100 - $500. If such treatment is recommended, would you like us to:
[ ] Proceed with treatment  [ ] Proceed up to $ _____________
[ ] Contact you with an estimate

For pets having surgical removal of masses:
We recommend sending tissue sample of masses in almost all cases. These samples go to an outside lab for further study. This study can determine the nature and behavior of tumors, and determine if appropriate surgical margins were taken.
[ ] Proceed with histopathology ($75 - $160, depending on lab)
[ ] Contact you to discuss histopathology options.

For pets having general surgery (spays, neuter, etc):
We understand you have been given an estimate for a surgical procedure, and will take all steps necessary to meet that goal. There are rare occasions in which additional treatment is needed for previously unknown conditions or complications. If this situation occurs, we will attempt to contact you with your provided phone number. If we are unable to reach you, would you like us to:
[ ] Proceed with treatment  [ ] Wait until contacting you to discuss additional treatment

I hereby certify that I am the owner of (or duly authorized agent for the owner) of the above mentioned pet, and do hereby give Novey Animal Hospital permission to perform any other procedures that may be necessary to promote the health of my pet.

I understand that all reasonable precautions will be used to prevent the injury, escape, or death of my pet, and I do hereby release Novey Animal Hospital and its employees or representatives from any liability arising from said procedures on said animal.

Signature
Phone # today

Surgery / Anesthesia Release Form  Revised 12/12