

Barrow Veterinary Hospital  
Pre-Anesthesia Consent form

We recommend a Blood Panel be run before the surgery to help detect any internal problems that may not be evident upon a physical examination we also recommend a FeLV/FIV test be preformed on all feline patients at least once in their lives because Feline Leukemia and Feline Immunodeficiency Virus (Feline Aids) are viruses for which no cure exists. If your pet goes outside, we recommend administering the Feline Leukemia vaccine as well. Please ask questions if you would like to learn more about Feline Leukemia and Feline Aids. This process includes drawing a single blood sample. The cost of the recommended blood panel is as follows.

**Blood Profile 1:** Healthy Pets younger than 2 years .....\$54.87

**Blood Profile 2:** Healthy Pets age 2 to 7 years .....\$69.96

**Blood Profile 3:** Pets Older than 7 years or with questionable health status...\$120.67

**FeLV/FIV Test:** Feline Leukemia and Feline Aids Virus .....\$54.29

Check One: \_\_\_\_\_ Blood Profile 1  
                  \_\_\_\_\_ Blood Profile 2  
                  \_\_\_\_\_ Blood Profile 3  
                  \_\_\_\_\_ FeLV/FIV

\_\_\_\_\_ I decline the recommended Pre-Anesthetic Blood Profile and request that you proceed with anesthesia. I assume full financial responsibility for this pet. I understand there is always a potential risk with anesthesia and surgery.

Surgery to be performed \_\_\_\_\_  
Telephone Number where the owner can be reached \_\_\_\_\_

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate and extension of the forgoing procedures(s), or even different procedures(s), than those set forth previously. I hereby consent and authorize the performance of such procedures(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedures(s), as well as the risks involved, and also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand the authorization and consent.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or agent