

Pre-Surgical Bloodwork

Noah's Friends, Inc.

Client ID:

Patient ID:

Client Name:

Breed

Sex / Altered

Pet Name:

Species

Color

Age:

Anesthetic and/or surgical procedure(s) to be performed: _____

Date of most recent bloodwork: ____/____/____

Our greatest concern is the well-being of your pet. We strongly recommend bloodwork before anesthesia and surgery to ensure that your pet is in a low risk category. Although not all complications can be detected by this bloodwork, it can alert the doctor to any dehydration, anemia, infection, kidney or liver diseases which could complicate the procedure. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

#1 Basic Screening

ALB (protein)
ALP (liver & adrenal function)
ALT (liver)
AMY (pancreas)
BUN (kidney or liver)
Ca (calcium, electrolyte balance, certain cancers)
CRE (kidney)
GLOB (immune status)
GLU (blood sugar)
K+ (potassium, electrolyte balance)
Na+ (sodium, electrolyte balance)
PCV (anemia, hydration)
PHOS (electrolyte balance)
TBIL (liver and gallbladder)
TP (total protein and hydration status)

#2 Seniors & High-Risk Screening

Basic Screening plus:
Complete Blood Count (anemia, infection, clotting)
REQUIRED IF OVER 8 YEARS OF AGE

Please SIGN one.

Signature: _____ Yes, I would like pre-anesthetic bloodwork. # _____.

Signature: _____ No, I would not like pre-anesthetic bloodwork and take full responsibility for my decision.

Today's Date: ____/____/____

I understand that I assume financial responsibility for all services rendered. If payment is not given in a timely manner, the account may be turned over to collections and I will be held liable for all attorney and collection fees, court costs and costs of litigation.