

Pre-anesthetic and diagnostic testing

These are the tests that are included in the pre-anesthetic profile

ALANINE AMINOTRANSFERASE (ALT)-

An enzyme that becomes elevated with liver disease or injury.

ALKALINE PHOSPHATASE (ALKP)-

An enzyme produced by the cells lining the gall bladder and its associated ducts. Elevated levels can indicate liver disease or Cushing's syndrome.

BLOOD UREA NITROGEN (BUN)-

BUN is produced by the liver and excreted by the kidneys. Abnormal levels can indicate dehydration, and liver and kidney abnormalities.

CREATININE (CREA)-

Creatinine is a by-product of muscle metabolism and is excreted by the kidneys. Elevated levels can indicate kidney disease or urinary tract obstruction.

BLOOD GLUCOSE (GLU)-

High levels can indicate diabetes. In cats, high levels can indicate stress, which can merely be a result of the trip to the veterinary hospital. Low levels can indicate liver disease, infection, or certain tumors.

TOTAL PROTEIN (TP)-

The level of TP can detect a variety of conditions including dehydration and diseases of the liver, kidney or gastrointestinal tract.

SCHMITT'S ANIMAL HOSPITAL
 4268 3 Mile Rd. N.W
 Grand Rapids, MI.49534
 616-791-2011

Canine Surgical/Anesthesia Release Form

Dear _____,

This letter is to confirm that _____ is scheduled for surgery on _____ . Our surgery check in time is 8:30-8:45 am. Please do not give your dog any food after midnight the night before your pet's procedure. If your pet weighs less than 10# remove his/her food first thing in the morning. *Please allow your pet free access to water.*

Please read and complete this form and bring it with you when you drop your pet off for surgery. Please allow at least 15 minutes for a Doctor or Technician to check your pet in and answer any questions or concerns you may have.

We do require a negative Heartworm check within the last 12 months for any procedure requiring anesthesia.

Like you, our greatest concern is for the well-being of your pet. Before putting your pet under anesthesia we will perform a full physical examination. However, many conditions including disorders of the liver, kidneys or blood can not be detected unless blood testing is performed. Such tests are especially important before any kind of surgery.

For these reasons, we highly recommend blood screening before such procedures. Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and surgery.

PRE-ANESTHESIA PROFILE (assesses Kidneys, Liver, Blood proteins and Blood sugar)

Cost is \$35.00 - Please check one of the following

Yes, I want my pet to have a pre-anesthesia blood screen _____

No, I do not want my pet to have a pre-anesthesia blood screen _____

Or at doctor's discretion _____

We also have full blood profiles available for a more complete screening. Please ask the doctor for more details. In some cases, due to age or condition, the doctor may require blood tests before surgery.

IV FLUIDS:

Intravenous fluids through a catheter is an option when your pet is anesthetized. The drugs we use for general anesthesia may decrease your pet's blood pressure. Giving them fluids during the procedure will help maintain their blood pressure and circulation which helps support kidney function. The cost for IV fluids is \$54 in addition to the standard quote.

Note: A small patch of hair will be shaved from your pet's leg for this procedure.

_____ Yes, I do want my pet to receive IV fluids and agree to pay the additional cost.

_____ No, I do not want my pet to receive IV fluids.

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Canine Surgical Release*

AVID MICROCHIPS

Permanent identification for your pet is also available. While they are anesthetized, the microchip can be inserted under the skin between the shoulder blades using a needle and syringe. It provides lifelong permanent identification that is easily recognized by scanners which most veterinarians and Humane Society's own. Cost: \$30.

Yes, I do want my pet microchipped _____

If Yes, do you want us to send in the registration for you? (\$15) Yes _____ No _____

No, I do not want my pet microchipped _____

I understand that there are risks associated with anesthesia and surgery and that my Veterinarian will do her best to minimize these risks.

I authorize my Veterinarian to complete bloodwork as indicated above. If any of the bloodwork results are abnormal, I understand my Veterinarian (at her discretion), may not perform the procedure until contacting me. If my pet's condition changes such that additional treatment is needed, My Veterinarian will try to contact me at the following phone number (_____). If I cannot be reached, I authorize Schmitt's Animal Hospital to perform such treatment as they deem necessary. I will pay for all procedures performed at the time I pick up my pet unless other arrangements have been made with my Veterinarian. I understand that any quotes given are estimates only and that the final cost of treatment will depend on what my pet may require as part of his/her treatment.

Signed: _____

Owner / Agent

Date: _____

SCHMITT'S ANIMAL HOSPITAL
4268 3 Mile Rd. N.W
Grand Rapids, MI.49534.
616-791-2011
Feline Surgical/Anesthesia Release Form

Dear _____,

This letter is to confirm that _____ is scheduled for surgery on _____. Our surgery check in time is 8:30-8:45 am. Please do not give your cat any food that morning prior to surgery.

Please allow your pet free access to water.

Please read and complete this form and bring it with you when you drop your pet off for surgery.

Please allow at least 15 minutes for a Doctor or Technician to check your pet in and answer any questions or concerns you may have.

Like you, our greatest concern is for the well-being of your pet. Before putting your pet under anesthesia we will perform a full physical examination. However, many conditions including disorders of the liver, kidneys or blood are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery.

For these reasons, we highly recommend blood screening before such procedures. Our laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and surgery.

PRE-ANESTHESIA PROFILE (assesses Kidneys, Liver, Blood proteins and Blood sugar)
Cost for this test is \$35.00 - Please check one of the following:

Yes, I want my pet to have a pre-anesthesia blood screen _____

No, I do not want my pet to have a pre-anesthesia blood screen _____

Or at doctor's discretion _____

We also have full blood profiles available for a more complete screening. Please ask the doctor for more details. In some cases, due to age or condition, the doctor may require blood tests before surgery.

We also encourage a Feline Leukemia/Feline Immunodeficiency test on all cats that have not been previously tested. Feline Leukemia (FeLV) is a virus that causes spontaneous neoplasia in cats and suppresses the bone marrow and immune system. Feline Immunodeficiency Virus (FIV) is a virus that attacks the immune system of the cat. Both of these viruses can be present in what appear to be **healthy cats**. The Cost for this test is \$30.00 - Please check one of the following:

Yes, I would like to have my cat tested for FIV / FLV _____

No, I would not like to have my cat tested for FIV / FLV _____

Or at doctor's discretion _____

IV FLUIDS:

Intravenous fluids through a catheter is an option when your pet is anesthetized. The drugs we use for general anesthesia may decrease your pet's blood pressure. Giving them fluids during the procedure will help maintain their blood pressure and circulation which helps support kidney function. The cost for IV fluids is \$54. Note: A small patch of hair will be shaved from your pet's leg for this procedure.

_____ Yes, I do want my pet to receive IV fluids and agree to pay the additional cost.
_____ No, I do not want my pet to receive IV fluids.

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Permanent identification for your pet is also available. While they are anesthetized, the microchip can be inserted under the skin between the shoulder blades using a needle and syringe. It provides lifelong permanent identification that is easily recognized by scanners which most veterinarians and Humane Society's own. Cost: \$30.

Yes, I do want my pet microchipped _____
If Yes, do you want us to send in the registration for you? (\$15) Yes _____ No _____
No, I do not want my pet microchipped _____

I understand that there are risks associated with anesthesia and surgery and that my veterinarian will do her best to minimize these risks.

I authorize my Veterinarian to complete bloodwork as indicated above. If any of the bloodwork results are abnormal, I understand my Veterinarian (at her discretion) may not perform the procedure until contacting me. If my pet's condition changes such that additional treatment is needed, my Veterinarian will try to contact me at the following phone number (_____). If I cannot be reached, I authorize Schmitt's Animal Hospital to perform such treatment as they deem necessary. I will pay for all procedures performed at the time I pick up my pet unless other arrangements have been made with my Veterinarian. I understand that any quotes given are estimates only and that the final cost of treatment will depend on what my pet may require as part of his/her treatment.

Signed: _____ Date: _____
Owner / Agent