

**EI TORO ANIMAL HOSPITAL**  
**23162 EL TORO FRONTAGE RD.**  
**LAKE FOREST, CA. 92630**

OWNER'S NAME: \_\_\_\_\_ DATE \_\_\_\_\_  
PET'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
REASON FOR VISIT: \_\_\_\_\_

AUTHORIZATION TO: (PLEASE CIRCLE YES OR NO IN EACH LINE)

PHYSICAL EXAMINATION.....	YES.....NO
PAIN MANAGEMENT (INJ).....	YES.....NO
ECG MONITORING.....	YES.....NO
X-RAY.....	YES.....NO
URINALYSIS.....	YES.....NO
BLOOD CHEMISTRY PROFILE.....	YES.....NO
HEARTWORM TEST.....	YES.....NO
FELINE LEUKEMIA TEST.....	YES.....NO
FECAL TEST.....	YES.....NO
ADMINISTER TRANQUILIZER.....	YES.....NO
ADMINISTER ANESTHESIA.....	YES.....NO
OVARIOHYSTERECTOMY.....	YES.....NO

**I AM AWARE THAT THERE MAY BE ADDITIONAL FEES IF MY ANIMAL IS IN HEAT/LACTATING OR PREGNANT.**

CASTRATION.....	YES.....NO
DECLAW.....	YES.....NO
DENTAL.....	YES.....NO
EAR FLUSH.....	YES.....NO
PAIN RELIEF PRESCRIPTION (IN HOME USE) OPTIONAL.....	YES.....NO
E-COLLAR.....	YES.....NO _____ INITIAL

**I UNDERSTAND THAT THE PURCHASE AND USE OF AN E-COLLAR IS OPTIONAL, I ALSO UNDERSTAND THAT IF MY PET EXPERIENCES ANY COMPLICATIONS RELATED TO NON USE OF AN E-COLLAR IT WILL BE MY SOUL RESPONSIBILITY FOR ANY MEDICAL COMPLICATIONS. I WILL ALSO BE RESPONSIBLE FINANCIALLY FOR ANY ADDITIONAL EXPENSES FOR TREATMENT NEEDED.**

**IF I DO NOT PICK UP MY PET THE SAME DAY AS DROP OFF AND NEEDS TO STAY OVER NIGHT A FECAL TEST WILL BE ADMINISTERED AT MY EXPENSE. \_\_\_\_\_ INITIAL**

VACCINATIONS DUE—*CANINE*: DHLPP PARVO BORDETELLA CORONA RABIES *FELINE*: FVRCP FELV FIP RABIES  
**I UNDERSTAND THAT VACCINATIONS CAN CAUSE REACTIONS IN SOME PETS AND THAT I WILL BE RESPONSIBLE FOR ANY COSTS RELATED TO THEIR TREATMENT.....YES**

GROOMING INSTRUCTIONS: BATH NAIL TRIM FLEA CONTROL DEMATting SHAVE PLUCKEARS  
ANY OTHER INSTRUCTION? \_\_\_\_\_

AUTHORIZATION TO ADMINISTER EMERGENCY TREATMENT.....YES.....NO.....CALL FIRST  
TELEPHONE NUMBER WHERE WE CAN REACH YOU TODAY \_\_\_\_\_  
EMERGENCY NUMBER IF YOU CAN'T BE REACHED \_\_\_\_\_

VACCINATIONS ARE AUTOMATICALLY GIVEN TO ANY PET THAT DOES NOT HAVE A CURRENT VACCINATION RECORD ON FILE WITH EL TORO ANIMAL HOSPITAL OR VERIFICATION OF CURRENT VACCINATION CAN NOT BE OBTAINED. PETS ENTERING THE HOSPITAL WITH EXTERNAL PARASITES SUCH AS FLEAS, TICKS OR WORMS WILL BE TREATED AT THE OWNER'S EXPENSE. NO EXCEPTIONS! **UNDER NO CIRCUMSTANCES WILL ANY CAT BE RELEASED WITHOUT A CARRIER. NO EXCEPTIONS! PETS WILL NOT BE RELEASED TO UNAUTHORIZED PEOPLE WITHOUT OWNERS WRITTEN CONSENT. NO EXCEPTIONS WILL BE MADE!**

**AUTHORIZED PARTIES TO PICK UP: \_\_\_\_\_, \_\_\_\_\_.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(OVER)**

**EL TORO ANIMAL HOSPITAL**  
**PRE-ANESTHETIC BLOOD TESTING CONSENT FORM**  
PLEASE READ CAREFULLY AND SIGN.

YOUR PET IS SCHEDULED FOR A PROCEDURE THAT REQUIRES ANESTHESIA. WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO EXPLAIN WHY PRE-ANESTHETIC BLOOD TESTING IS IMPORTANT FOR THE HEALTH OF YOUR PET.

LIKE YOU, OUR GREATEST CONCERN IS THE WELL-BRING OF YOUR PET. BEFORE PUTTING YOUR PET UNDER ANESTHESIA, A VETERINARIAN WILL PERFORM A FULL PHYSICAL EXAMINATION TO IDENTIFY ANY EXISTING MEDICAL CONDITIONS THAT COULD COMPLICATE THE PROCEDURE AND COMPROMISE THE HEALTH OF YOUR PPET.

BECAUSE THERE IS ALWAYS THE POSSIBILTY THAT A PHYSICAL EXAM ALONE WILL NOT IDENTIFY ALL OF YOUR PET'S HEALTH PROBLEMS, WE **STRONGLY RECOMMEND** THAT A PRE-ANESTHETIC BLOOD PROFILE (A COMBINATION OF BLOOD TEST) BE PERFORMED PRIOR TO ANESTHESIA. THE TEST WE RECOMMEND ARE SIMILAR TO AND EQUALLY AS IMPORTANT AS THOSE YOUR OWN PHYSICIAN WOULD RUN IF YOU WERE TO UNDERGO ANESTHESIA.

IT IS IMPORTANT TO UNDERSTAND THAT A PRE-ANESTHETIC BLOOD PROFILE DOES NOT GUARANTEE THE ABSENCE OF COMPLICATIONS. IT MAY, HOWEVER, GREATLY REDUCE THE RISK OF COMPLICATIONS AS WELL AS IDENTIFY MEDICAL CONDITIONS THAT COULD REQUIRE MEDICAL TREATMENT IN THE FUTURE.

PLEASE INDICATE YOUR CHOICE BELOW:

PRE-ANESTHETIC PANEL

BUN (KIDNEYS)

CREATININE (KIDNEYS)

ALKP (LIVER)

ALT (LIVER)

GLUCOSE (DIABETES/SUGAR)

TOTAL PROTEIN (HYDRATION)

COMPLETE BLOOD COUNT (ANEMIA, INFECTION)

ELECTROLYTES (NA/CL/K)

GENERAL HEALTH PROFILE (COMPREHENSIVE PANEL)

INCLUDES ALL TESTS ABOVE, AND:

ALBUMIN (PROTEIN)

PHOSPHORUS (KIDNEYS)

CALCIUM (TUMORS)

TOTAL BILIRUBIN (LIVER)

AMYLASE (PANCREAS)

CHOLESTEROL



I DECLINE THE RECOMMENDED PRE-ANESTHETIC BLOOD TEST AT THIS TIME AND REQUEST THAT YOU PROCEED WITH ANESTHESIA. I ASSUME FULL FINANCIAL RESPONSIBLTY FOR THIS ANIMAL. I UNDERSTAND THAT A MEDICAL CONDITION MAY EXIST AND WOULD BE IMPOSSIBLE TO IDENTIFY DURING A PHYSICAL EXAM ALONE. I UNDERSTAND THAT MY PET'S HEALTH COULD BE AT RISK IF SUCH A CONDITION GOES UNDETECTED WHEN MY PET IS PLACED UNDER ANESTHESIA.

SIGNATURE OF OWNER: \_\_\_\_\_

