

North Seattle Veterinary Clinic | 11032 8th Avenue NE | Seattle, WA 98125 | Phone 206-523-7187 | Fax 206-522-6946

Authorization for Pre-Anesthetic Testing

Client Na	me:	Pet's Name:	Date:
Patient #:	Proced	dure:	
will perfo concerns, age.	rm a physical exam. Because we strongly recommend that	there is the possibility a physical exa a pre-anesthetic profile be performed	ng your pet under anesthesia, a veterinarian um alone will not identify all your pet's health I prior to anesthesia for pets under 7 years of
_		-	in animals over 7 years of age, therefore or to the procedure for these geriatric
patients.			
may, how	-	-	the absence of anesthetic complications. It conditions that could require medical
Pre-Anes	thetic Blood Panels (Please ch	oose one)	
☐ Chem	10 Basic Panel - \$99		
Recon	nmended for dogs and cats up to	7 years old and for rabbits up to 5 years	old.
•	_	(kidneys, liver, blood sugar, hydratic otting, oxygen-carrying capacity)	on)
☐ Chem	15 Feline Comprehensive l	Panel - \$135	
	-	d or with special considerations and for r	rabbits over 5 years old.
•		Basic Chem 10 Panel, CBC and Electrotein), Phosphorus (kidneys), Calcius	•
	17 Canine Comprehensive nmended for dogs over 7 years o	Panel - \$140 ld or with special considerations.	
•	Everything included in the Additionally – Amylase an	Basic Chem 15 Panel, CBC and Elected Lipase (pancreas)	etrolytes
	I decline the recommended pre-anesthetic blood work and understand there may be increased risks during anesthesia.		
☐ I decl	ine because my pet has had p	ore-anesthetic blood work performed	within in the past 6 months.
Authorize	d Agent Signed:		Date:
Technicia	n/DVM Witness:	(initial)	