## PREANESTHETIC SAFETY CHECK-IN QUESTIONNAIRE

	Clie	ent Name:		Pet Name:	
1. Aı	ny prev	eck yes or no vious anesthesia?Yes		Comments or Questions	
		pet on medication?Yes			
		dication given today?Yes			
		od and water withheld?Yes	No		
	-	ou like to have your pet's teeth lile anesthetized and take advantage			
		scount?Yes_	No		
		====			
PRE	ANE	STHETIC SAFETY SCREENING			
A physical examination will be performed on your pet before administering anesthesia. <b>Some pets have internal problems that produce complications, yet are not evident on physical examination.</b> These include anemia and lack of clotting, as well as liver, kidney, heart, or other organ conditions.					
The following are included with the Spay, Neuter, or Declaw:  1.) Post Op Pain Injection which lasts 8-12 hours.					
	2.) Hospitalization				
3.) Take home pain medication for 5 days. This helps provide an added source of comfort after					
	_	ical procedures.			
**The above prices are included in the surgery quote that you were given**					
The	Follo	wing are optional but recommend	ed ser	vices (Please Circle Yes or No):	
YES	NO	Coagulation Test	•••••	\$35.00	
YES	NO	Pre-anesthetic Blood & Safety Profile	•••••	\$73.00	
		This blood work consists of a CBC, BUN/CREA	Γ/ALT/A	ALK PHOS/GLU/TP, Electrolytes	
YES	NO	IV catheter and fluid therapy during procedure\$23.00			
YES	NO	Microchip during procedure	•••••	\$42.00	
The f	ollow	ing is REQUIRED for pets 5 years	old o	r older:	
		tic Blood & Safety Profile (for pets 5+ yr			
		c consists of a CBC, BUN/CREAT/ALT/ALK PHOS			
				-	

X\_\_\_\_\_\_Date:\_\_\_\_\_