

**Stonington Veterinary Hospital**

785 Stonington Rd.  
Stonington, CT 06378  
(860) 535-3011

Pre-anesthetic Safety Check For Your Pet

Your pet is being admitted to Stonington Veterinary Hospital for a procedure that requires anesthesia. We understand how intimidating this is for many owners and how dear your pet is to you. This may be the only anesthetic procedure your pet ever has. For this reason we have devised several options which you may select to lessen the anxiety you will experience and to make the procedure as safe as we can. Regardless of the option you choose, your pet will receive good care. The more detailed the choice, the more information we have. The options are listed below with a brief explanation of each. Please check one.

- 1. Basic preoperative blood screen including CBC, total solids, ALT, BUN. These briefly check for anemia, healing, liver and kidney disease. **(\$67.10)**
- 2. Insert a microchip for identification. **(\$51.50)**
- 3. Geriatric screen required for dogs over 8 and cats over 10 years. Includes #1 plus calcium, glucose (for diabetes), and an additional liver test. This gives us more information about hidden diseases. **(\$84.40)**
- 4. Blood work already done within the past 3 months.
- I elect to refuse all of the above options and authorize you to proceed with the scheduled anesthesia and procedure.

- List of medications and when they were last given \_\_\_\_\_
- If applicable, do you want a biopsy done? \_\_\_\_\_ YES \_\_\_\_\_ NO

The listed prices are significantly reduced from regular to allow an affordable rate and to make you as comfortable as possible with the procedure. Your pet's health and your relationship with it mean the world to us.

- I authorize any staff member at Stonington Veterinary Hospital to take photos of my pet and post them on their website or on their Facebook page.

Please fill in all information below including the phone number(s) where you can be reached.

**PROCEDURE(S) SCHEDULED FOR:** \_\_\_\_\_

**Food has been withheld.** Yes  No

I authorize Stonington Veterinary Hospital to anesthetize and perform the above listed procedure and the additional checked information, on my pet. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedures set forth. If any such events should occur, I will be notified by the phone number below as soon as it is safe to do so. Emergencies measures will incur additional cost. I understand that despite the above precautions, there is always some small risk and that results cannot be guaranteed and further, I will not hold Stonington Veterinary Hospital, its owners, or employees responsible.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Phone numbers where you can be reached until 1:00 PM:** ( ) \_\_\_\_\_  
( ) \_\_\_\_\_

*Prices subject to change at any time.*