

Columbus Animal Hospital

2278 39th Ave Columbus NE 68601

(402) 563-4151

www.lovingourwork.com

Canine Procedure Consent Form

Owner: _____ Phone # _____

Address: _____ City/State: _____ Zipcode: _____

Patient Name: _____ Sex: Male/Female Age: _____

Breed: _____ Color: _____

In-House Bloodwork

Like you, our greatest concern is the well-being of your pet. Along with a physical examination, we also recommend that tests be performed to maximize patient safety and alert the doctors to the presence of dehydration, anemia, infection, diabetes, kidney or liver disease or other problems. These tests are similar to those your own physician would run. State of the art equipment enables us to perform these tests in house. We are committed to making this technology available to you and your pet.

____ Blood Chemistry Profile (BCP) -- \$67.96

BUN (Kidney), Creatinine (Kidney), ALKP (Liver), Glucose, Total Protein, ALT, Calcium (Tumors), Total Bilirubin (Liver), Sodium, Potassium, Chloride, Bicarbonate.

____ Complete Blood Count (CBC) – \$31.97

____ Thyroid Function Test (T4) – Primary T4 -- \$105.29 ____ In-House T4 -- \$ 44.04

____ Geriatric Profile -- \$426.85

(Includes CBC, BCP, Urinalysis, T4 Screen, Heartworm test, X-Ray, Ultrasound)

Other In-House Procedures

____ Fecal Microscopic Examination -- \$14.80

____ Heartworm Test -- \$22.44

____ Urinalysis -- \$30.35

____ ERD Screening -- \$23.11

____ Bacterial Culture and Sensitivity -- \$35.31

____ Laser Assisted Procedure -- \$57.75

____ Digital Imaging -- \$199.00 ____ Limited Digital Imaging -- \$138.50 ____ USX -- \$ 63.68

____ Radiographs -- \$55.95

____ Other: _____ \$ _____

As owner or authorized custodian of the animal described above, I hereby give the doctors at the COLUMBUS ANIMAL HOSPITAL permission to perform the above marked procedures. If abnormalities are found please contact me at the number listed below. I assume full financial responsibility for this animal and am aware that COLUMBUS ANIMAL HOSPITAL does not maintain charge accounts.

Date

Signature

Phone #