



Blue Cross Veterinary Hospital Lab work Information Form

Client Name _____ Patient _____ Date _____

It is very important that the doctor be able to reach you by phone while your pet is being treated and/or tested.

Primary Person/Number _____ between the hours of _____

Alternate Person/Number _____ between the hours of _____

Please describe what your pet is here for today:

- Labwork : Yes/No _____
- X-rays and/or Ultrasound: Yes/No _____
- Blood Pressure : Yes/No _____

Please list all medications or supplements your pet is on _____

Have any medications been given today? _____

At what time were the medications given today? _____

If yes, what was the response to the medication(s)? _____

How is your pet doing/acting? _____

How is your pet's energy level? _____

Has your pet been eating / drinking normally? _____

Has your pet been fasted? _____

I am owner or agent for the owner of the above-named animal and have the authority to execute this consent. I therefore consent and authorize the performance of the above procedure(s).

Signature (owner/agent) _____ Date _____