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. Therefore consent and authorize the performance of the above procedure(s).

Signature (owner/agent) ____________________________ Date ______________