



PRE-ANESTHESIA AND DENTAL CONSENT

6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone

(918) 835-2473 Fax

15thstvet@tulsacoxmail.com

GENERAL INFORMATION

OWNER	Primary Contact Number <small>*Please list a number where you can be reached immediately if needed</small> ()
PET'S NAME	

TESTS and TREATMENTS

PRE-ANESTHESIA BLOOD SCREEN

Advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. However, anesthesia and surgery are not without risk. If elected, the pre-anesthetic blood screen will help the doctor better assess liver, kidney and heart function. This is important in the doctor's selection of an anesthetic protocol that is safest for your pet.

_____ YES, I want my pet to have a pre-anesthetic blood screen (\$79.50)

_____ NO, I do not want a pre-anesthetic blood screen to be performed.

LASER TREATMENT

Laser therapy is an exciting and relatively new development in veterinary medicine that helps to relieve pain and promote healing. It can be used therapeutically over your pet's surgical incision. It is safe, painless, and takes only a few minutes to complete.

_____ YES, please give my pet laser treatment (\$15.00)

_____ NO, I do not want my pet to be treated.

HEARTWORM PREVENTATIVE (dogs only)

Once your dog is 6 months old, we are able to give ProHeart 6. This is an injection that protects your dog from heartworms for 6 months. We will send reminders to ensure that you remember to come back every 6 months. Heartworm test must be up to date.

_____ YES, I want my pet to have a ProHeart 6 injection (\$38 - \$105)

_____ NO, I do not want my pet to have a ProHeart 6 injection.

MICROCHIP

A microchip is a tiny implant injected under your pet's skin that allows him/her to be identified.

_____ YES, please microchip my pet while under anesthesia (\$54.00)

_____ NO, I do not want my pet to be microchipped.

MEDICAL INFORMATION

Has your pet ever been diagnosed with a heart condition? Circle YES or NO

If you circled yes, please explain below

Does your pet have any known allergies to medications or anesthesia? Circle YES or NO

If you circled yes, please explain below

MEDICATIONS

Please list any medications or supplements that your pet is currently taking below.

OTHER SERVICES

Please list any other services you would like us to perform today (i.e., nails, anal glands, ear cleaning, vaccinations, etc.)

See Reverse Side



PRE-ANESTHESIA/DENTAL CONSENT

Continued...

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DENTAL AUTHORIZATION

EXTRACTIONS AND ANTIBIOTICS

Unfortunately, tooth extractions are sometimes necessary with dental disease. Cost of the extractions vary depending on many factors such as extent of disease and time involved in the procedure. Antibiotics may also be necessary to prevent infection after removal.

_____ YES, I authorize any necessary extractions and/or antibiotics.

Check here if you would like to be contacted before any extractions.

PLEASE READ: If you are unable to be contacted and do not return the phone call within 5 minutes, please select your wishes by initialing below

_____ I authorize all extractions as recommended by my vet

_____ I authorize extractions up to this total amount \$_____

_____ I DO NOT authorize any extractions if I am unable to be contacted

_____ NO, I do not consent to any extractions.

FULL MOUTH DENTAL RADIOGRAPHS

Taking full mouth dental radiographs (X-rays) is a good way to screen for any problems that may be developing. X-rays can also be helpful when making the decision on whether or not to extract and helps identify any roots that may be left behind.

_____ YES, I would like my pet to have full mouth dental radiographs (\$100.00)

_____ I would only like a radiograph if the doctor feels it is necessary (\$25.00 per X-ray / maximum of \$100.00)

_____ NO, I do not authorize any radiographs.

DENTAL SEALANT

Ideally, your pet's teeth should be brushed on a daily basis. However sometimes this is not an option. Dental sealant involves an initial application immediately after the cleaning and then should be followed by weekly applications at home.

_____ YES, I want my pet to have dental sealant and the take home kit for reapplication (\$49.00)

_____ NO, I do not want dental sealant.

TREATMENT AUTHORIZATION / SIGNATURE

PLEASE READ CAREFULLY: 15th Street Veterinary Group takes pride in the exceptional care given to our patients during surgery and anesthesia. The anesthetic administered in this hospital is one of the safest used in veterinary medicine. However, no anesthesia is without risk so it is VERY important to list a phone number where you can be reached at all times. In the unlikely event of an emergency and you are unable to be reached, please indicate your wishes by initialing below.

_____ I authorize 15th Street Veterinary Group to provide all necessary treatments which may include CPR and/or life-saving measures that are essential to saving my pet's life until I am able to be reached.

_____ I DO NOT authorize emergency treatment, including those that are life-saving.

I have read and I understand the above statements. I acknowledge that there is no guarantee with surgery, anesthesia or emergency treatment and I accept the risks, complications and any expenses incurred in the care of my pet. I authorize any additional medications or services that are required during or following an anesthetic or surgical procedure including placement of an intravenous catheter. I also understand that if my pet is found to have external parasites such as fleas or ticks that he/she will be treated accordingly at my expense.

AUTHORIZED SIGNATURE

DATE