



# PRE-ANESTHESIA CONSENT

6231 East 15<sup>th</sup> Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone

(918) 835-2473 Fax

15thstvet@tulsacoxmail.com

## GENERAL INFORMATION

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

## 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 (\$90.00)

\_\_\_\_\_ 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 (\$18)

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

### HEARTWORM PREVENTATIVE INJECTION (dogs only)

ProHeart 12 is an annual injection that prevents heartworms in your dog for 12 months without having to give a monthly pill. Heartworm test must be up to date.

\_\_\_\_\_ YES, I want my pet to have a ProHeart injection (cost varies).

\_\_\_\_\_ NO, I do not want my pet to have a ProHeart 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 (\$60)

\_\_\_\_\_ 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



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Continued...

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## TREATMENT AUTHORIZATION / SIGNATURE

**EMERGENCY TREATMENT** - 15<sup>th</sup> 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 15<sup>th</sup> 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 am aware that a small part of my pet's leg will be shaved in order to ensure proper and clean IV catheter placement. 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