



## PRE-ANESTHESIA AND DENTAL CONSENT

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

(918) 835-2336 Phone  
reception@15thstvet.com

### GENERAL INFORMATION

OWNER	Primary Contact Number *Please list a number where you can be reached immediately if needed
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 access 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 (\$146)  
 NO, I do not want a pre-anesthetic blood screen to be performed.

#### 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 (\$69)  
 NO, I do not want my pet to be microchipped.

### DOGS ONLY

#### Is your dog currently on Heartworm Prevention? Circle YES or NO

#### HEARTWORM PREVENTATIVE INJECTION

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 and dog must be 1 year of age or older.

- YES, I want my pet to have a ProHeart injection (cost varies).  
 NO, I do not want my pet to have a ProHeart injection.

### 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.

#### Is your pet up to date on their Rabies vaccine?

- YES, my pet was either vaccinated here or I have provided the medical record.  
 NO, please vaccinate my pet. I understand there will be a fee.

### 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.)



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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 expenditure up to this amount \$ \_\_\_\_\_ (Complete total for EVERYTHING today)

\_\_\_\_\_ 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 (\$185)

\_\_\_\_\_ I would only like a radiograph if the doctor feels it is necessary (\$37 per X-ray / maximum of \$185)

\_\_\_\_\_ 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 (\$83)

\_\_\_\_\_ NO, I do not want dental sealant.

### 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 protocols administered in this hospital are among 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 (DNR).

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