



PRE-ANESTHESIA CONSENT
6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone
reception@15thstvet.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 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 (\$72)

_____ 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 (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 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.)

See Reverse Side



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TREATMENT AUTHORIZATION / ACKNOWLEDEMENTS / SIGNATURE

E-COLLAR/SURGICAL

To help prevent post-operative complications, we strongly recommend that all patients wear an Elizabethan collar (“E-collar”) and/or an appropriately fitted surgical recovery suit following surgery. These protective measures help prevent licking, chewing, scratching, or other trauma to the surgical site, which may result in pain, infection, wound breakdown, delayed healing, or the need for additional medical or surgical treatment.

I understand that any patient remaining hospitalized at the clinic following surgery will be required to wear a clinic-provided E-collar and/or surgical recovery suit as deemed medically appropriate by the veterinary staff.

I understand that if I decline the clinic-provided E-collar and/or surgical recovery suit, or if I choose to use an owner-provided device in place of the clinic-provided device, I assume full responsibility for any injury or damage caused to the surgical site as a result of self-trauma or inadequate protection. I further understand and agree that I will be financially responsible for all costs associated with treatment, repair, additional surgery, hospitalization, medications, or other care required due to damage to the incision or surgical site.

_____ I authorize the use of the clinic-provided post-operative protective device(s) for my pet.

_____ I **DO NOT** authorize clinic-provided post-operative protective device(s) and accept full financial responsibility for any resulting complications or damage to the surgical site.

EMERGENCY TREATMENT - 15th 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 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 (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