

AUTHORIZED SIGNATURE

PRE-ANESTHESIA CONSENT

6231 East 15th Street – Tulsa, Oklahoma 74112

(918) 835-2336 Phone (918) 835-2473 Fax

DATE

T L	15thstvet@tulsacoxmail.com
GENERAL INFORMATION	
OWNER	CONTACT NUMBER for TODAY
PET'S NAME	1
INFORMATION and TESTS	
PRE-ANESTHESIA BLOOD SCREEN	
Advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. However, since anesthesia and surgery are not without risk, the American College of Veterinary Anesthesiology states that all animals should have a pre-anesthetic blood screening. 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. If the doctor has not already recommended the blood screen please initial one of the below options indicating your preference for your pet.	
YES, I want my pet to have a pre-anesthetic blood screen (\$72.50)	
NO, I do not want a pre-anesthetic blood screen to be performed.	
INTRAVENOUS CATHETER and FLUIDS	
Administering intravenous (IV) fluids during anesthesia maintains blood pressure and incre also used to administer medications and help the patient recover more quickly. If you wou to be used during anesthesia, please initial below.	
YES, I want my pet to have an IV catheter and fluids (\$44.00)	
NO, I do not want an IV catheter and fluids.	
HEARTWORM PREVENTATIVE	
Once your dog is 6 months old, we are able to give ProHeart 6. This is an injection that profor 6 months. We will send reminders to ensure that you remember to come back every 6 sure that you aren't late or forgetful with your monthly heartworm preventative.	
YES, I want my pet to have a ProHeart 6 injection.	
NO, I do not want my pet to have a ProHeart 6 injection.	
MICROCHIP	
I would like to have my animal micro-chipped while under anesthesia.	
YES, please micro-chip my pet while under anesthesia (\$54.00)	
NO, I do not want my pet to be micro-chipped.	
OTHER SERVICES Please list any other services you would like us to perform today (i.e., nail trim, anal glan vaccinations, etc.)	d expression, ear cleaning,
ACKNOWLEDGEMENT/SIGNATURE	
I have read and understand the above, and fully understand the possible consequences of medications or services that are required following an anesthetic or surgical procedure will owner.	<u> </u>