**Dental Pre-Anesthetic Consent Form**



**<animal>**

<species>, <breed>

<sex-name>, <color>

<age-name>

**<first-name> <client>**

<address>

<city>, <st> <zip>

(<area>) <phone>

<appt-date>

**Please read carefully & sign:**

Your pet is with us today for a procedure that requires anesthesia. **We highly recommend that a pre-anesthetic blood profile be performed on all pets** undergoing anesthesia to maximize their safety, as well as allow us to create a pain management plan specific to your pet’s needs.

**Pre-Anesthesia Bloodwork:**

With the information gained by pre-anesthetic bloodwork, your pet’s surgeon may be alerted to the presence of dehydration, anemia, infection, diabetes, kidney or liver disease that could complicate the procedure or cause unnecessary side-effects from pain medication. The cost to run this blood panel is $65.

 **CBC:** Red Blood Cell Count (oxygen & nutrient-carrying cells), White Blood Cell Count (immune health) & Platelet Count (clotting factors).

 **Chemistry Profile:** BUN & Creatinine (kidney function), ALKP & ALT (liver function), Glucose (sugar) & Total Protein (hydration).

|  |  |
| --- | --- |
| I **approve** the recommended bloodwork: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Owner or Agent | I **decline** the recommended bloodwork & am aware of the risks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Owner or Agent |

**Emergency Information:**

Best Phone Number(s) for Today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<animal> <client>

 (<area>) <phone>

**Pre-Anesthetic EKG:**

The electro-cardiogram (ECG, EKG) can detect electrical disturbances in the transmission of impulses in the heart, heart enlargement, arrhythmias. Any of these conditions could cause an increase in the risk of anesthetic complications.

Through computerized technology, the EKG can be performed just prior to anesthesia and an analysis is provided in a matter of seconds. The pre-anesthetic EKG cost $40 to be performed.

|  |  |
| --- | --- |
| I **approve** the recommended bloodwork: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Owner or Agent | I **decline** the recommended bloodwork & am aware of the risks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Owner or Agent |

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**Dentals:**

General cleaning includes: Pre-anesthetic exam, I.V. catheter with fluids, dental cleaning, scaling, and polishing. Our goal is to preserve all teeth and extract only those that are severely diseased and are potentially causing your pet pain. During the oral exam and teeth cleaning we may discover additional problems associated with your pet’s teeth and gums that were not visible while your pet was awake.

I.V. Catheter and Fluids help your pet stay hydrated throughout their dental procedure, maintain blood pressure, and helps flush anesthesia out of the body, which helps your pet wake up from anesthesia faster.

**Extractions:**

I authorize the extraction(s) of teeth that may cause health impairments in the future; including diseased, fractured, or loose teeth (please initial):

Accept \_\_\_\_\_\_\_\_ Decline\_\_\_\_\_\_\_\_

**Your Pet:**

Has your pet eaten this morning? **YES NO**

Has your pet had any medications or supplements in the last 12 hours? **YES NO**

If yes, please list any medications or supplements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Belongings:**

Please list any belongings you will be leaving with your pet today (i.e. leash, collar, blanket, toy, etc.):

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**Microchip:**

Would you like us to implant an identification chip while your pet is under anesthesia today? **YES NO**

\_\_\_\_\_\_\_\_

Initials

**Parasite Protocol**

We check all hospitalized patients for fleas. If your pet is found to have fleas, we will administer a parasiticide tablet called Capstar. This medication kills all adult fleas on pets, but is NOT a preventative against future infestation. You will be financially responsible for the Capstar if it is administered.

**While under anesthesia today, a complimentary nail trim will be performed.**

**Is there anything that you have noticed recently or have any other request, questions or concerns, that you would like the veterinary to address today?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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<animal> <client>

 (<area>) <phone>

**Resuscitation Code:**

All patients being treated are required to have a Cardiopulmonary Resuscitation (CPR) or Do Not Resuscitate (DNR) code. Animals that survive cardiopulmonary arrest & have been successfully resuscitated are extremely critical and unstable.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** I, the owner or agent of the above listed animal, understand that any anesthetic and/or surgical procedures involve the risk of complications, injury or even death for all patients, no matter their age or breed.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I request CPR to be performed if necessary.** Should my pet require Cardiopulmonary Resuscitation (CPR), including cardiac compressions & emergency medications, I request that the staff of NorthPaws Animal Hospital conduct such medical care as needed. In requesting CPR as necessary for my pet, I agree to be held financially responsible for veterinary services provided to my pet while staff members pursue treatment & try to reach me for further directions. The cost for CPR, if necessary, is $40.

**-OR-**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I DO NOT request CPR to be performed on my pet (DNR).** I hereby request that in the event my pet’s heart and/or breathing should stop, no person shall attempt to resuscitate my pet. We want to honor your wishes & make your pet’s transition a peaceful one. This order does not affect comfort & other medically indicated care.

**I understand that there are no staff members taking care of my pet’s needs overnight. If I choose to leave my pet at NorthPaws Animal Hospital overnight, I do so knowing there will likely not be any person in the facility from 6:00pm until 7:30am the next morning to monitor my pet or care for his/her needs.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner or Agent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessing Technician <appt-date>