



Client Name:

Pet's Name:

Species:

Breed:

Age:

Sex:

Anesthetic and surgical procedure(s) to be performed: Dental Cleaning and \_\_\_\_\_ (if applicable)

I, the undersigned owner or agent of the owner, of the pet identified above, certify that

I am or  I am not eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the dental cleaning & polishing, visually checking & probing all teeth. Sometimes during routine dental cleanings we find teeth that have potential problems. In the event that this happens: Please initial which treatment option you prefer:

**OPTION 1:** \_\_\_\_\_ I authorize any tooth extractions that are not known at the time the procedure commenced, but the Doctors feel is the best medicine for my pet. The cost of the extractions will vary depending on the teeth involved.

**OPTION 2:** \_\_\_\_\_ I decline any tooth extractions that were not previously known before the time the procedure commenced. I am aware that declining extractions may result in decreased quality of life for my pet.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or technician before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care. I understand that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also understand that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction. I understand that an estimate of the fees for the above dental care will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

I am aware that if my pet has fleas, ticks, or any other contagious parasite that the Doctor has authority to treat my pet to decrease chances of exposing other pets

I am aware North Paws Animal Hospital is not an overnight facility, meaning no staff is present after hours even if a pet is boarding/hospitalized.

**Phone number(s) at which you or an authorized person can be reached while your pet is in the hospital:**

Primary #: \_\_\_\_\_

Secondary (Optional) #: \_\_\_\_\_

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Did your pet EAT this morning?  YES  NO

**\*\*For Feline and Canine Patients: No food after 6 am the day of surgery, water is okay.\*\***

Is your pet on any medications?  YES - Which medication(s)? \_\_\_\_\_  NO

Is your pet allergic to any drugs?  YES - Which medication(s)? \_\_\_\_\_  NO

Has your pet had ANY illness or injury in the past 30 days?  YES – Explain  NO

Any vomiting, coughing, diarrhea in the past 14 days?  YES please explain  NO

To the best of your knowledge, does your pet have any history of becoming nauseous during or after anesthesia? If you answer yes, please explain.  YES  NO

To the best of your knowledge, does your pet have a history of having any other anesthetic complications including but not limited to drug sensitivities, low heart rate, low blood pressure, prolonged recovery, etc.? If you answer yes, please explain.  YES  NO

Is there ANYTHING we should know about your pet? (i.e. liver, kidney, heart problems, history of seizures, medication allergies, in heat, pregnant, etc.)

We require DAPP (distemper), Bordetella (kennel cough), and Rabies vaccines for canine patients; FVRCP (distemper) and Rabies for feline patients prior to all elective procedures. This is to ensure the health and safety of all pets in the hospital. If your pet was vaccinated elsewhere, please provide proof of vaccination. If you cannot provide proof of vaccination, your pet will be vaccinated at the doctor's discretion while in hospital on the day of surgery or you may be asked to reschedule.

Initial \_\_\_\_\_

**FECAL:** Has your pet had a fecal examination in the last year? YES  NO  If no, would you like to check a sample today? YES  NO

**MICROCHIP:** A microchip is a permanent pet identification and is a proven way to increase the chances of successfully recovering your pet if it is lost. Would you like your pet to be microchipped today during their procedure?

YES I would like my pet to be microchipped  NO I am not interested in a microchip  my pet already has a microchip

If YES, please verify email address: \_\_\_\_\_

**PRE-ANESTHETIC EKG:** Anesthesia always carries some risk. Therefore, EKGs are recommended before general anesthesia. EKGs evaluate cardiac rhythm and can identify underlying heart disease before going under anesthesia. Without performing an EKG we may not know your pet has underlying cardiac issues that may not be noticed in early stages. Cardiac disease requires special anesthetic agents to avoid putting strain on the heart. For our feline patients, the EKG also includes a Snap ProBNP test which is a quick and easy test that can assess cats at risk for heart disease. **If your pet is 7 years of age or older, we require an EKG to be performed prior to general anesthesia.** Would you like your pet to have an EKG prior to their procedure today?

**YES** I would like my pet to have an EKG.  **NO** I am not interested in the EKG.  My pet has had an EKG in the last 3 months.

**PRE-ANESTHETIC BLOOD TESTING:** Anesthesia always carries some risk. Therefore, blood testing is recommended prior to general anesthesia. **If your pet is 7 years of age or older, we require this blood panel to be performed prior to general anesthesia.** The anesthetic agents are often removed from the body by the kidneys and liver, so it is important to know before anesthesia that these organs are functioning correctly. The CBC helps us to determine if your pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination of whether to proceed with surgery or not. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet. Would you like your pet to have pre-anesthetic blood testing prior to their procedure today?

**YES** I would like my pet to have bloodwork.  **NO** I am not interested in bloodwork.  My pet has had bloodwork in the last 3 months.

**HEARTWORM TESTING:** Heartworms are the most life-threatening of all canine parasites. Unchecked, heartworms can restrict the flow of blood to the heart, leading to organ failure. Since heartworm and their larvae reside primarily in the heart and lungs, we recommend a heartworm test before anesthesia for the safety of your pet. Test also screens for Ehrlichia, Anaplasmosis and Lyme disease which are tick borne diseases. **REMEMBER:** If your pet is current on heartworm preventative, a heartworm test is required every year. If your pet is not currently on preventative, or if your pet may have missed a dose of preventative, then a heartworm test is recommended before any anesthetic procedure. Would you like your pet to have a heartworm test completed prior to their procedure today?

**YES** I would like my pet to be Heartworm tested.  **NO** I am not interested at this time  My pet was already tested this year.

**FOR PETS ADMITTING FOR MASS REMOVAL SURGERY:** There is no way to know for certain the malignancy of a mass without a biopsy/pathological review. A pathologist will observe the mass under the microscope to determine exactly the type of mass, if the entirety of the mass was removed, and if it was removed with "good margins" (i.e. no tumor cells at the edge of the removed tissue). Would you like the mass(es) sent to a pathologist for biopsy  **YES**  **NO**

**PRE-ANESTHETIC ANTI-ANXIETY MEDICATION:** As much as we want all of our pet patients to enjoy their vet visits and we do our best to provide a 'fear free' environment, some pets still have vet anxiety. For pets who have anxiety about visiting the veterinarian, medication(s) can be dispensed for you to administer at home the night before surgery, and at home the day of surgery to help ease your pet's anxiety while he/she is with us for the day. Would you like for us to send you home with an anti-anxiety medication for your pet prior to his/her procedure and then for after the procedure?  **YES**  **NO**

\*If you would like anti-anxiety medication to administer at home, please notify NorthPaws AT MINIMUM 24 hours prior to surgery so we can ensure the medication will be ready for pick up the day prior to surgery. If you would to pick up sooner, we MUST receive advanced notice.

**CPR/DNR STATUS: Anesthesia always carries some risk. We do everything that we can to make anesthesia as safe for your pet as possible but we can never eliminate anesthetic risk entirely. In the event that your pet would go into cardiopulmonary arrest (their heart stops beating) would you like us to perform CPR (cardiopulmonary resuscitation) or would you like your pet to have a DNR (do not resuscitate) status?**

**CPR-** I would like you to perform life saving measures (closed- chest cardiopulmonary resuscitation) on my pet in the event of cardiac arrest. I am aware this may result in an additional charge and performing CPR does not guarantee resuscitation.

**DNR-** I would not like you to perform life saving measures on my pet in the event of cardiac arrest.

**Financial Responsibility**

**I, the undersigned, acknowledge receiving services and certify that I will take financial responsibility. In the event that payment is not received and my account becomes assigned to a collection agency, I agree to pay a 20% collection fee, interest in the amount of 15%, court costs, and attorney fees, as allowed by law.**

\_\_\_\_\_  
Signature of Owner or Agent (SEAL)

I have read and fully understand the above terms and conditions set forth above.

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian (if owner is under 18): \_\_\_\_\_

Date: \_\_\_\_\_