



Anesthesia/Dental Prophylaxis Consent

Owner's Name: _____ Pet's Name: _____

I, the undersigned, certify that I am the owner/agent of the animal described above. I give East Padden Animal Hospital permission to perform anesthesia and the following procedures:

While there are risks associated with general anesthesia, be assured that East Padden Animal Hospital will take every precaution to minimize risk by always performing the following:

- ✓ Physical exam prior to anesthesia
- ✓ Multi-parameter monitoring (blood pressure, EKG, CO2, heart/respiratory/temp)
- ✓ Intravenous (IV) catheter and fluid therapy
- ✓ Preoperative and postoperative pain control injections
- ✓ Perioperative antibiotic injection
- ✓ Endotracheal intubation and oxygen therapy
- ✓ Injectable and inhalant (Isoflurane or Sevoflurane gas) anesthetics based on your pet's age and specific medical needs.

I understand the following additional procedures are optional, but highly recommended:

Yes No

- Microchip Placement with Lifetime Registration
- Flea Preventative and/or Capstar given if any evidence of fleas
- Fecal/Giardia Parasite Exam
- Heartworm test for dogs; FeLV/FIV test for cats

- Does your pet have any history of seizures?**

Dental X-rays

- Authorize at Doctor discretion. This may be individual to full-mouth Radiographs
- Please call before taking X-rays. I will be available at the number below.

Extractions

- Authorize at Doctor discretion.
- Please call before extracting teeth. I will be available at the number below.

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia. Various tooth salvage procedures or extractions may be recommended during your pet's dentistry today. **Phone numbers:** _____

If you can't be reached, do you want the veterinarian to proceed at his/her own discretion? **Y N**

I hereby authorize East Padden Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I have been given an estimate and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

Owner Signature: _____ Date: _____
 Staff Initials: _____