

Oakbrook Animal Hospital - Anesthesia Authorization for Dental Cleaning

Client Name _____

Pet Name _____ Age _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or older and authorize the veterinarians at OAKBROOK ANIMAL HOSPITAL to perform the below procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is initiated.

While I accept that all procedures will be performed to the best of the abilities of the staff at this facility, I certify that no guarantee or warranty has been made regarding the results that may be achieved. I acknowledge that the entire fee is payable when the service is performed. Should unexpected lifesaving emergency care be required the staff will perform such treatments to the best of its ability and I agree to pay for such services. **I will leave a phone number where I can be contacted in the event of an emergency or for general consultation.** If I cannot be contacted I understand that the staff at Oakbrook Animal Hospital will use its best judgment in the treatment of my pet.

Examination under anesthesia often reveals abnormally loose, fractured or otherwise diseased teeth that need to be extracted to prevent oral discomfort and ongoing infection of the surrounding bone. If extractions are recommended, the doctor or technician will attempt to contact you during the procedure to inform you of such need and give you an estimate of costs. Unless prior consent has been granted and an estimate of costs has been approved, **we will not extract teeth without your consent.** Therefore, **if we are unable to contact you when we call, we will recover your pet from anesthesia and schedule the extraction(s) for a later date.**

Anesthetic and surgical procedures to be performed _____

Receptionist Initials: _____

Technician Initials: _____

Pre-anesthetic testing and monitoring

I understand that a veterinarian will perform a pre-anesthetic exam before anesthetizing my pet. However, I also understand that problems can arise due to pre-existing conditions not detected during this examination. Therefore, the doctors on staff **strongly recommend IV fluids to help maintain blood pressure and performing important blood tests prior to anesthesia to help identify potential risks.** Results let us tailor anesthesia to your pet's needs or postpone the procedure if we find serious health problems. Our hospital is fully equipped to perform these important tests today. **Additional fees, listed below, apply.**

**Recommended for senior pets,
or pets with known health issues.**

Pre-anesthetic blood testing
IV catheter and fluids
 \$81.00

Recommended for young, healthy pets

Pre-anesthetic blood testing
 \$48.00

I decline the above services

Microchip Identification Implant

Check if you would like your pet to have a Microchip implanted today. (\$59.99)

Parasites

If parasites (ticks, fleas or intestinal worms) are found on your pet while in our facility, they will be treated at your expense to prevent exposure to other pets.

Services Needed: **DOG** Rabies Distemper Bordetella Lepto Fecal Test Deworm HWT
CAT Rabies FVRCP Leukemia Fecal Test Deworm FeLV/FIV test

Additional services desired while at hospital: _____

What, if any, medication is your pet taking? _____
Time of last dose? _____

Signature _____ Date ____/____/____

Daytime Phone (Emergency Contact) _____ **Texting OK? Yes NO**