



# 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 life saving 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 reveal abnormally loose teeth, fractured or otherwise diseased teeth that need that need to be extracted to prevent oral discomfort and ongoing infection of the surrounding bone. If extractions are recommended, the doctor 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 cost has been approved, **we will not extract teeth without 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** \_\_\_\_\_

**Client Services Initial:** \_\_\_\_\_

**Technician Initial:** \_\_\_\_\_

### 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 exam. Therefore, the doctors on staff will perform mandatory 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.**

**Mandatory pre-anesthetic blood testing (\$52.00)**

### Microchip Identification Implant

Check if you would like your pet to have a Microchip implanted today. (\$66.00)

### 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  Fecal Test  Deworm  Leptospira  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?** \_\_\_\_\_

**Day and time of last dose taken?** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Daytime Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Texting OK?** Yes  No