

ALOHA DOG & CAT HOSPITAL

17335 SW Tualatin Valley Highway, Aloha, OR 97003
phone 503.649.5611 fax 503.649.5961 email info@alohadogandcat.com

General Anesthesia/Dental Authorization

Client Name: _____ Pet Name: _____ Chart: _____

Anesthetic Procedure: _____

While there are risks associated with general anesthesia, every precaution will be taken to minimize risk by performing the following as indicated:

- ✓ Physical exam prior to anesthesia,
- ✓ Multi-parameter monitoring (blood pressure, ECG, CO2, O2 percentage, heart rate, respiratory rate),
- ✓ Intravenous catheter and fluid therapy based on your pet's age and medical needs,
- ✓ Preoperative and postoperative pain medications.

These procedures will not identify all systemic or metabolic problems. For this reason, the following procedures are optional, but highly recommended:

Yes No

Pre- anesthetic blood panel to assess your pet's organ systems

ECG (electrocardiogram) to assess heart rhythm and rate

Other procedures:

Microchip placement

If any evidence of fleas are found on your pet, a flea preventative will be applied/given.

Dental Procedures

After your pet has been anesthetized, it is not unusual to find abscessed or damaged teeth. In these circumstances, these teeth may require dental radiographs to give better insight into the health of the tooth below the gumline. In some cases, these teeth may require extraction and additional medication for healing. This will cause an increase in the price of the procedure.

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia. If you cannot be reached, the doctor will continue with the treatments necessary for the well-being of your pet.

I hereby authorize Aloha Dog and Cat Hospital to perform such diagnostic, therapeutic, and surgical procedures as described above. The nature of these services has been described to me to my satisfaction and I realize that no guarantee can be made regarding the results or cure. I understand that anesthesia/sedation comes with inherent risks and that complications, including death, may arise. In an emergency, I authorize the hospital staff to follow through any procedures necessary for the well being of my pet until further communications with me.

I understand that I assume financial responsibility for all services rendered and that payment is expected upon the date of service. A written estimate can be given upon request with the understanding that it is an approximation of planned procedures.

Signature of Owner or Authorized Agent: _____ Date: _____

Daytime Phones: _____ OR _____