

Dental Consent Form

Owner's Name _____ Pet's Name _____

When was your pet's last meal _____ a.m./p.m. Water _____ a.m./p.m.

Has your pet had a normal appetite and personality? Yes No

Has your pet had any vomiting, diarrhea, coughing, or sneezing? Yes No

Procedure to be performed: _____

Your pet's dental will include pre-anesthetic blood testing before surgery and intravenous fluids during surgery.

Pre-Anesthetic Blood Screen: This lab test is recommended for all pets and evaluates those organ systems most directly affecting the safety of anesthesia (the liver and kidneys), as well as testing for anemia and dehydration.

Intravenous Preoperative Fluids: An intravenous catheter and fluids help maintain blood pressure, oxygen, and perfusion and assist the body in processing anesthetic medicines more efficiently. They also provide immediate access to give medications in case of emergencies.

Post Operative Pain Medication: Your pet will be given injectable pain medicine at the time of the procedure. Oral pain medicine will be dispensed to continue pain management for several days after the procedure.

If your pet does not have microchip identification we encourage you to have this done while under anesthesia. The recommended services are described below.

Microchip Identification: A "grain of rice" size microchip will be placed under the skin between the shoulder blades of your pet. If your pet is lost he/she can be scanned, identified, and returned to you. (Registration fee of _____ to be paid by owner). **(\$45.00)**

Please Initial One: _____ **Accept** _____ **Decline**

Extractions: If it is necessary for dental extractions at this time, we recommend it to be done during this visit rather than having to schedule another appointment and sedation. **(\$20-\$100)**

Please Initial One: _____ **Accept** _____ **Decline**

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described about and have the authority to execute this consent. I hereby authorize the performance of professionally accepted general anesthetic/surgery procedures necessary for its treatment.

I understand that support personnel will be used as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize the results cannot be guaranteed.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

Signature of Owner/Agent _____ **Date** _____

Phone Number you can be reached at time of surgery _____