



DENTAL PROCEDURE AND ANESTHESIA CONSENT FORM

OWNER'S NAME: _____	PET'S NAME: _____
SEX: _____	AGE: _____
BREED AND COLOR: _____	
PHONE NUMBER WHERE YOU MAY BE REACHED TODAY: _____	
DISCHARGE DATE AND TIME FOR YOUR PET IS: _____	
PROCEDURE TO BE PERFORMED:	INITIALS:

- Your pet is scheduled for a dental procedure today. Just like when you visit your dentist, we start with a thorough teeth cleaning and oral exam, which is included in our basic teeth cleaning fee.
- During the exam, each tooth as well as the oral cavity will be thoroughly examined for abnormalities that were unable to be identified while your pet was awake. Treatment of any abnormalities found is *not* included in the basic teeth cleaning fee. Although no one likes surprises on their bill, it is often impossible to give an accurate estimate of possible additional costs for treatment before sedation. If abnormalities are identified and treatment is recommended and performed by the doctor, there will be additional fees that are not included in the basic teeth cleaning fee. For example, extraction of teeth will result in an additional charge for local anesthesia, the extraction type and difficulty, sutures if needed, and dispensing pain medicine post-op.
- It is much more safe for your pet and more economical for you to complete all needed dental procedures during the initial visit and sedation rather than having to schedule another appointment with additional sedation required.

Please initial below how we are to proceed should dental abnormalities requiring treatment be identified:

- Please perform whatever procedures and extractions are required at this time. I understand this will result in additional fees.
- Please perform whatever procedures and extractions are required up to a cost of: \$ _____
- Please do nothing more than the teeth cleaning and oral exam included in our basic teeth cleaning fee.

When your pet is scheduled for anesthesia or surgery, you can feel comforted that high-quality anesthetics and modern and efficient surgical protocols and methods used in our practice make routine procedures relatively safe, with a low rate of complications. Occasionally, problems can arise during anesthesia, even in healthy dogs regardless of age or breed. All animals presenting for procedures requiring anesthesia are given thorough physical exams prior to administration of any premedication or anesthetic. Anesthesia risks can be greatly increased due to preexisting conditions not evident during routine physical exam. Due to this fact,

Animal Family Practice highly recommends that every pet be screened prior to anesthesia and surgery by means of a minimum of a complete blood count and limited blood chemistry panel. These tests are crucial for detecting:

1. Low red blood cells or platelets which could cause a serious bleeding problem if not identified before surgery.
2. White blood cell abnormalities which might lead to an increased risk of infection or delay healing.
3. Abnormalities in blood sugar, liver function, or kidney function that could lead to a serious adverse reaction to anesthesia.

PLEASE PERFORM A BLOOD COUNT AND LIMITED BLOOD CHEMISTRY PANEL (REQUIRED in all pets over 8 years of age) Additional cost: \$59.37 INITIALS: ___ YES ___ NO

Animal Family Practice also highly recommends that every pet receive an I.V. catheter and I.V. fluids during surgery because:

1. Anesthesia causes blood pressure to drop which leads to low oxygen to the brain and body organs which in turn can cause damage to them. Fluid administration raises blood pressure during anesthesia to counteract this.
2. In the event that an emergency situation arises, venous access is required for administering life-saving medications.

PLEASE PLACE AN I.V. CATHETER AND GIVE FLUIDS DURING ANESTHESIA (REQUIRED in all pets over 8 years of age) Additional Cost: \$49.83 INITIALS: ___ YES ___ NO

INITIAL any Additional Services Requested: (Inquire for specific fee information) _____ Microchip Placement _____ Nail Trim
 _____ Vaccinations _____ Lump Removal _____ Other (Please list/describe)

I am the owner or agent of the above described animal, I am at least 18 years of age, and I have the authority to execute this consent. I understand that Animal Family Practice requires my pet to be free from internal and external parasites and up to date on all vaccinations. I understand that I am financially responsible for all medical and surgical procedures and treatments, as well as for any cost associated with vaccination or parasite treatment and that this payment is due upon discharge. I understand that the above procedures will be performed unless waived. I understand that during the performance of the aforementioned operation(s) or procedure(s), unforeseen conditions may be revealed that necessitate an extension of the aforementioned operation(s) or procedure(s) or different operation(s) or procedure(s) than those set forth above, which may result in a change in the estimated cost. Therefore, I hereby consent to and authorize the performance of such operation(s) or procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics and other medications and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised of the nature of the operation(s) or procedure(s) and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I hereby consent and authorize the veterinarians and staff of Animal Family Practice Veterinary Hospital to render treatment, and by signing below agree to all conditions. I certify that if I am signing as owner/agent, that I have the authority to execute this consent.

Date _____

SIGNATURE OF OWNER/AGENT/RESPONSIBLE PARTY _____

Date _____

WITNESS _____