



Surgery/Dental Consent Form

Client _____ Patient _____ Age _____

Today's Contact # _____ Alternate Contact # _____

Procedure _____ Date _____

Yes my pet has been fasted

Last time food was given: _____

Please read carefully and sign

Your pet is scheduled for a procedure that requires anesthesia. We would like to take this opportunity to recommend pre-anesthetic testing and explain why it is important to the health of your pet.

Like you, our greatest concern is the well being of your pet. Before placing your pet under anesthesia, a veterinarian will perform a complete physical examination to identify any existing medical conditions that could complicate the procedure and compromise the health of your pet.

Because there is always the possibility a physical exam alone will not identify all of your pet's health problems, we strongly recommend a pre-anesthetic profile (a combination of tests) be performed prior to anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to under go anesthesia.

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

We, therefore, recommend the following additional lab tests:

Please check

Level I Testing: For pets up to five years of age	\$132.55	_____
Level II Testing: For pets over five years of age	\$169.22	_____
Pre-anesthetic lab work already done.		_____
I do not want any additional lab tests for my pet.		_____

Additional Services Available (Please circle if desired)

Microchip I.D. - \$65.50 yes no

Nail trim - \$26.01 yes no

Continued

If your pet is receiving a dental cleaning our goal is to preserve all teeth; extract only those hopelessly diseased, and train you how to perform simple home dental care procedures to preserve your pet's teeth.

If extractions are indicated leading to additional expense:

- Proceed as the doctor deems best for the health of my pet
- Do not extract any teeth
- Call first before any extractions
- Call first if total bill exceeds \$_____

What kind of home dental care would you like us to send home today?

- Chews (\$25.73-\$45.47)
- Toothbrush/Toothpaste (\$14.78-\$26.74)
- T/D Dental Diet/Treats (\$31.99-\$33.99)
- I decline home dental care products at this time

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) and or Operation (s)

I also authorize the use of appropriate anesthetics, and other medication, and I understand that hospital Support personnel will be employed as deemed necessary by the veterinarian. I have been advised to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent.

Signature of owner or agent

Date

Note Please ask us for an estimate if needed. Many surgical procedures can include pain injections local anesthesia at the surgery site and/or take home medications.