

# Dental Anesthesia Consent Form

Client Name:  
Telephone:

Patient Name:  
Age:                      Sex:  
Weight:

Preanesthetic bloodwork will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a blood profile be done for all animals. It is **required** for patients over 7 years of age. There is an additional charge for these blood tests.

- ☐ Yes, complete the recommended bloodwork. (\$94.50)  
☐ No, I have elected to decline bloodwork.

## **IN THE EVENT WE CANNOT REACH YOU, PLEASE INDICATE YOUR CHOICE OF ACTION BELOW BY INITIALING THAT OPTION**

\_\_\_\_\_ I give permission for the veterinary to perform necessary extractions. I am responsible for the additional expenses. I approve \$\_\_\_\_\_ for today's total cost.

\_\_\_\_\_ Do not proceed with any additional procedure I understand that if I choose the recommended procedures at a later date, my pet will need to be anesthetized at a rescheduled time and additional charges will apply at that time

## **Please check below if your pet needs any of these services:**

- **Microchip and Registration:** Yes ☐ No ☐
- **Annual Vaccines with Heartworm test/fecal:** Yes ☐ No ☐
- **Vaccines only** Yes ☐ No ☐ \_\_\_\_\_
- **Nail Trim under sedation** (No charge) Yes ☐ No ☐
- **Send samples to outside lab** (For mass removals) Yes ☐ No ☐

Your pet will be undergoing general anesthesia for a surgical procedure today. By signing below you understand that during the performance of this procedure, unforeseen conditions may necessitate an extension of the procedure or different procedure(s) than those set forth above. Therefore, I consent to the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgement. I authorize the use of appropriate anesthetics and other medications. I have been advised as to the nature of the procedure and the risks involved. I realize that results cannot be guaranteed.

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **(To receive pictures of Dental Radiographs)**

**Phone Number(s) where we can reach you:** \_\_\_\_\_