

## Authorization & Consent Form for Dental / Anesthesia

Best phone number for the doctor to call you today: \_\_\_\_\_

Would you like us to text you a photo of your pet post procedure? **Yes No**

*\*\* If yes, please include the best cell phone number for us to text: \_\_\_\_\_*

Do you permit us to use your pet's photo on our Facebook/Social Media? **Yes No**

If we do not already have it, please provide your preferred email address: \_\_\_\_\_

Would you like your pet to receive a complimentary nail trim? **Yes No**

Are there any other procedures you would like done while your pet is here today? **Yes No**

*\*\* If yes, what would you like done? \_\_\_\_\_*

Is your pet acting normal? **Yes No**

*\*\* If no, please explain: \_\_\_\_\_*

When did your pet last eat? (Please include date & time): \_\_\_\_\_

Has your pet been medicated today? **Yes No**

*\*\* If yes, please list med(s) and times the med(s) were given: \_\_\_\_\_*

Would you like an estimate of the cost for the anticipated procedures? **Yes No**

*\*\* If you have already received an estimate, please write the estimated total here: \_\_\_\_\_*

Please add any additional notes for the doctor here: \_\_\_\_\_

### Blood Work Consent

We recommend that pets undergoing anesthesia have basic blood work done prior to the procedure. In apparently healthy, young pets, we suggest a basic blood panel to check for anemia, diabetes, total red cell volume, electrolytes and kidney function. The cost is \$127. In dog and cats seven and older, giant dogs over five years of age, and pets with medical/surgical problems, we recommend a more comprehensive pre-anesthetic blood panel to assess red and white cell count, platelet count, liver and kidney functions, electrolytes, and blood sugar. The cost is \$280.

Do you consent to pre-anesthetic blood work being done for your pet? **Yes No Already Done**

### **Anesthesia Support (IV Catheter)**

We recommend that all pets that will be anesthetized have an intravenous catheter and receive intravenous fluids during the anesthesia, dental/surgical procedure and recovery from anesthesia. Having a catheter placed in a vein before the induction of anesthesia allows us to treat any unforeseen complications that may arise during the procedure ie, hypotension (low blood pressure), cardiac arrhythmias (irregular heart rate), unusual amount of pain, etc. The administration of fluids during the anesthesia/procedure hastens the recovery process and helps maintain normal blood pressure. **Please note: The IV catheter and fluids are required for all pets undergoing general anesthesia. We will need to shave an area on the leg for a catheter placement.**

I understand that an IV catheter and fluids will be administered on my pet: **Yes No**

Any time a patient is given injectable drugs or is put under general anesthesia, there is a potential risk for an adverse reaction, decreased heart rate, decreased breathing rate, difficulty breathing and possibly death. Although the percentage of patients that this can occur to is very small, the outcome can be very devastating. Our staff at Arguello Pet Hospital try our best to minimize complications of anesthesia by assessing your pet, giving a complete exam prior to any procedure, placing an IV catheter and providing a dedicated individual to monitoring your pet during the entire procedure. We are always prepared to intervene in case of an emergency and we will contact you as soon as possible if one should ever occur.

Do you understand the risks of anesthesia? **Yes No**

To detect dental disease below the gum line whole mouth dental x-rays will be performed. This includes unlimited dental x-rays to be done during today's procedure. The cost for cats and small dogs is \$150. The cost for dogs over 30lbs is \$186.

Do you understand that whole mouth dental x-rays will be performed as part of a comprehensive dental procedure today? **Yes No**

May we extract diseased teeth? **Yes No**

*\*\* If you do not consent to extractions or request a call first, please make sure you are available by phone.*

If we are not able to reach you, do you consent for your doctor to proceed with how they deem medically necessary? **Yes No**

If we feel it optimal for a veterinary dentist to manage your pet's dental disease, would you like a referral?

**Yes No**

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Do you understand the risks associated with anesthesia? **Yes No**

#### **Microchip**

Would you like to have a microchip inserted under the skin, between the shoulders, for permanent identification? The cost is \$101 for the microchip and registration. If your pet is lost, your pet could be identified with the microchip and easily returned to you. **Yes No Already Done**

#### **Post Surgical Laser Treatment**

Post surgical laser treatment is available here at Arguello Pet Hospital. After the extractions, a laser (high frequency light) therapy unit is used to treat the extraction site. This treatment has been shown to reduce post- surgical inflammation, hasten healing and reduce pain. The cost is \$29.

Would you like to expedite your pet's healing process with post-surgical laser treatment?

**Yes No**

I am the owner, responsible agent for, or authorized agent of this pet. I understand the nature of the procedure(s), that there are risks involved with anesthesia, surgery/procedure and or dental prophylaxis. I understand that sedation and/or general anesthesia may be necessary to perform the scheduled procedures and to insure safety of pets and employees. I authorized the veterinarians and the staff of Arguello Pet Hospital to perform all procedures as set forth above, including anesthesia, surgery, dental, medical services, treatments, laboratory tests, x-ray and medications. Further, in case of an emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgment in order to address the unforeseen emergency. I understand that an attendant is not on the hospital premises 24 hours per day. I agree to pay in full for all services performed, including those deemed necessary for medical or surgical complications and/or unforeseen circumstances.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_