



Dental Consent Form

Date: _____

Client Name _____ Chart # _____ Pet Name _____

Phone where you can be reached today-Cell/Home# _____

Procedure(s) _____

✓ **Included Pre- Anesthetic Physical Exam and Anesthetic Monitoring**

Pre- Anesthetic Blood Work

Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. Help us provide the best level of care for your pet by choosing to perform blood work prior to anesthesia or sedation.

PLEASE CHECK ONE

- Chem w/ Complete Blood Count (CBC) \$236**
 - Basic internal organ screen (liver, kidneys) with full red and white blood cell count
 - For generally healthy, younger patients
- Comprehensive Chem, electrolytes, and CBC \$263**
 - Full blood work on all major organs, electrolytes, and full red and white blood cell count
 - Indicated for longer anesthetic procedures, sick patients, and pets over 5 years old.
 - ***Note – your vet may require this blood work for some procedures and situations**
- I decline blood work and understand there are increased risks during anesthesia**

Intravenous (IV) Fluid Support During Anesthesia

Administration of IV fluids during anesthesia helps maintain blood flow to the organs and keeps blood pressure normal. IV fluid support greatly increases the safety of anesthesia. **PLEASE CHECK ONE**

- Administration of IV fluids during anesthesia (covers IV Catheter and Fluid administration for short procedures) \$119**
 - *Please note some procedures and conditions will need additional IV fluid support for longer periods of time which will be at additional cost. Your pet's doctor may require IV fluids for anesthesia.
- I decline IV fluid support and understand there are increased risks during anesthesia**

Additional Services While Under Anesthesia

- | | |
|---|--|
| <input type="checkbox"/> Nail Trim w/sx – \$ 20.00 | <input type="checkbox"/> Ear clean w/sx – \$ 36.50 (medsextra) |
| <input type="checkbox"/> Microchip w/sx – \$ 50.00 | <input type="checkbox"/> Heartworm test w/sx – \$ 68.00 |
| <input type="checkbox"/> Express anal glands \$ 35.00 | <input type="checkbox"/> Feline Leukemia/FIV test – \$ 49.50 |
| <input type="checkbox"/> Rabies 1 yr/3 yr \$ 18.00 | |

Post Operative Pain Medication – A Pain Injection is required at time of Dental Surgery to help your pet with pain management for 24 hours post-op. \$20

- Go Home Pain Medication (3 to 4 days) \$10 - \$30 depending on size of pet**
- *your pet may need a longer course of pain medication for certain procedures which may be an additional cost*

Owner's Initials _____ Tech/DVM initials _____

Client Name: _____ Chart Number _____ Pet's Name _____
Procedure(s) _____

ANESTHESIA/SEDATION/PROCEDURE AUTHORIZATION

Please initial after each statement below:

It is understood that upon examination of my pet's teeth, if the doctor finds broken, dead, or diseased teeth, it is in the best interest of my pet's health to remove these teeth as dental disease can progress into serious health issues for my pet. Additional unforeseen charges may result based on the doctor's findings. As the owner/responsible party, I understand and agree to this statement. _____

I understand that I assume financial responsibility for all services rendered. _____

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and /or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Thompson Peak Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Thompson Peak Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise. _____

I have read and understand this authorization.

Owner/Authorized Agent Signature _____ **Date** _____

Technician/DVM witness initials _____

ABANDONMENT LAW. According to the statutory abandonment provisions (Sections 1834.5 and 1834.6 of the Civil Code), if an animal is not picked up within 14 days after it was due to be picked up, the animal is considered to be abandoned