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Dental and Anesthetic Consent Form

Date: _____

Pet's Name: _____ **Owner's Name:** _____

Procedure being performed: _____

Your pet is undergoing anesthesia today to have a dental cleaning and/or possible extractions to treat or prevent periodontal disease. This procedure may also include preoperative bloodwork, pain management, monitoring, IV fluids, or other procedures as deemed necessary by the veterinarian are to be paid by the owner/agent at the time of service.

Anesthesia inherently has risks. I hereby consent and authorize the above procedures to be performed and understand the risk involved. I understand that during the course of the operation or procedure, unforeseen conditions may occur. These risks increase with your pet's age and/or if your pet has any concurrent health problems. By signing, you agree that you understand there are inherent risks to anesthesia and that you hold Antelope Veterinary Hospital, its owners, and employees harmless should your pet experience any reactions. *If you have any questions regarding these risks, please speak with the veterinarian before treatment is performed.*

Preoperative Bloodwork _____

A physical exam, regardless of how thorough, frequently cannot detect metabolic problems, such as diseases of the kidney, liver, or bone marrow. Our clinic recommends preoperative blood work for your pet before they undergo anesthesia and treatment. Includes a complete blood count, which evaluates your pet's red and white blood cells, and a chemistry panel, which assesses electrolytes, kidney function, and liver function. Aged or ill pets will be required to have preoperative blood work prior to the dental procedure.

Extractions _____

Extraction (pulling) of diseased teeth may be necessary if there is a loss of healthy attachment to the bone due to advanced periodontal disease. If your pet should need one or more tooth extractions, it is necessary for the attending veterinarian at Antelope Veterinary Hospital to perform the extraction(s). The doctor may not have time to reach you prior to extractions as the patient is under anesthesia. If extractions are necessary for the health of your pet, there will be an additional charge.

As the owner/agent of the animal receiving treatment today, I certify that I am at least 18 years old and of sound mind to provide consent to today's procedure. I have had the opportunity to ask all questions that I may have regarding this procedure and understand the risks involved. I further understand that I am responsible for all charges at the time of discharge and that Antelope Vet Hospital does not allow payments or billing. Knowing all of this, I hereby consent to the dental care of my pet on this date.

Signature: _____ Date: _____