

Dental Authorization & Consent Form

Owner's Name: _____

Pet's Name: _____

Phone Number: _____ (Where you can be reached today)

Did your pet eat today? Yes _____ No _____

If yes, an injection for nausea will be given at an additional cost

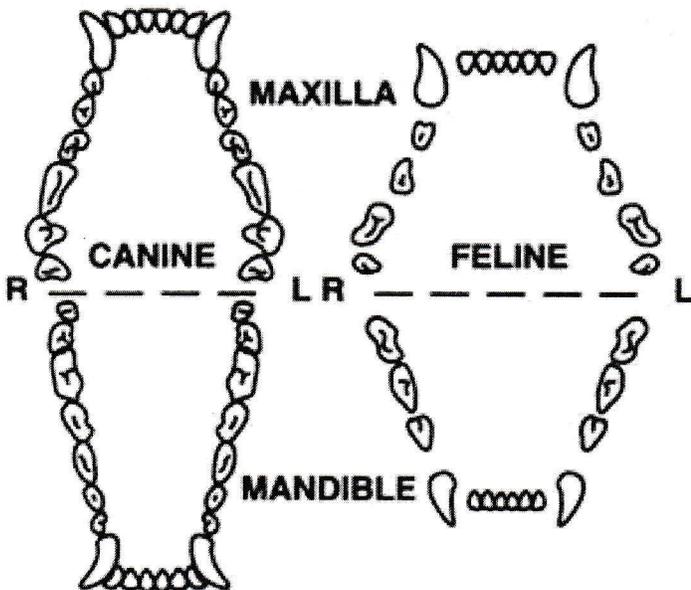
Pre-Anesthetic Bloodwork: Before your pet's dental today, a pre-anesthetic blood profile will be performed in order to maximize your pet's safety. This profile is a small blood panel that checks the kidney and liver functions and how the body will process the anesthesia.

Extractions: Please note any loose or unhealthy teeth will be pulled to ensure the healthiest mouth possible. These teeth will be extracted at an additional cost. Antibiotics and pain medications are prescribed/administered following teeth extractions.

I have read and understand the risks and possible additional costs associated with today's visit.

Signature of Owner Date

CLINIC USE ONLY



CKETA	
CDIAZ	
SUTURES	
PAIN MEDS	
ANTIBIOTICS	
X	MISSING
O	PULLED

Pre-Anesthetic Blood Testing Consent Form

Client

Patient

Age

Date

PLEASE READ CAREFULLY AND SIGN

Like you, our greatest concern is the well-being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of dehydration, diabetes and/or kidney or liver disease which could complicate the procedure. These conditions may not be detected unless a pre-anesthetic profile is performed. These tests are similar to those your own physician would run were you to undergo anesthesia. In addition, the results of these tests may be useful later to develop faster, more accurate diagnoses and treatment in the event that your pet's health changes.

State of the art equipment enables us to perform the pre-anesthetic blood profile within the clinic and we are committed to making this technology available to your pet.

COST= \$89.50

Includes:	BUN (Kidney)	ALKP (Liver)
	Glucose (Blood sugar)	Total Protein (Hydration)
	ALT (Liver)	Creatinine (Kidney)
	Electrolytes (Na, K, Cl)	CBC (Complete Blood Count)

Please complete the blood work you recommended prior to surgery on my pet. If abnormalities are found please contact me at this phone number(s).

Signature of Owner

Phone Number(s)

I have elected to refuse the recommended pre-anesthetic bloodwork at this time and request that you proceed with anesthesia. I assume full financial responsibility for this/these animal(s). I understand there are always potential risks when using anesthesia or performing surgery on an animal.

Signature of Owner

Phone Number(s)

Please note that if your pet is having a dental today, loose or unhealthy teeth will be pulled to ensure the healthiest mouth possible. These teeth are taken out at an additional cost. Thank you for your understanding.