

Dental Consent Form

Date _____


Pet's Name _____ Owner _____

Personal items left with pet(s) today: _____

Phone number(s) where you can be reached today _____

It is important we are able to reach you while your pet is under anesthesia.

Please list the best telephone numbers for us to reach you between the hours of 9 AM - 7 PM

 General Information Regarding Anesthesia:


- > **Anesthesia-** We use the same isoflurane gas that is often used in human medicine. Isoflurane is primarily eliminated through the respiratory tract rather than through kidneys or liver. This helps reduce risks and allows for a quicker recovery.
- > **Blood Testing-** Our on site laboratory lets us screen for hidden problems before your pet's treatment begins. There is also the option of using an off-site laboratory to run a more thorough blood screen. Blood test checks for:
 - CBC, This includes a complete blood count to detect such medical conditions such as anemia, bleeding disorders or infection.
 - Chemistry panel tests for enzymes, electrolytes, fats (lipids), hormones, proteins, vitamins and minerals.
 - Thyroid hormone test, checks for under/over production of hormone levels which controls the body's metabolic rate.
 - SDMA is an early indicator of progressive kidney function loss.

****Blood Test is strongly recommended and required for pets 8 years or older.****


Blood Test YES NO

Basic Pre-Anesthetic (\$85-done before or on the day of surgery)
Full Panel (\$185- only done before the day of surgery)


Basic Chemistry and CBC
Full Chemistry, CBC, Thyroid, & SDMA

 During a dental procedure, if the doctor deems tooth extraction(s) are appropriate, we will try to contact you first, but in case we are unable to reach you, you are giving us permission to extract teeth by signing this form. _____

Owner's Initials

 Please check any of the following additional services you would like us to perform while your pet is under anesthesia. There will be a charge for these procedures. (nail trims & anal gland expression are complimentary)

- Nail Trim (Free of Charge- \$17 value) Anal Gland Expression (Free of Charge -\$29.99 value)
- Ear Hair Plucking \$21.75 Ear Cleaning \$30
- Microchipping \$39.45 (Regular price \$49.45- \$10 savings when done under anesthesia)
- Fluoride Foam Treatment \$18.00 (Fluoride ion penetration to help strengthen & protect tooth enamel)

 In order to prevent the spread of infectious disease, I authorize Pet Lovers Animal Hospital to administer a rabies vaccine & flea and tick medication to my pet, at my expense, if deemed necessary.

I, the undersigned, am the owner (or duly authorized agent for the owner) of the animal described above and confirm that the contact phone numbers are the best way I can be reached. I authorize anesthesia & surgery for my pet and risks of the procedure(s) have been explained to me. I understand that there are inherent risks associated with anesthesia, medical and surgical procedures, including death. I authorize the veterinarian to administer any treatment or medication he/she deem necessary for the health, safety, and well being of my pet while under the care and supervision of the hospital. I am aware overnight medical care is not available at this facility and may need to transfer the patient if deemed necessary by the veterinarian. I further realize that I am responsible for payment of all above mentioned procedures, diagnostics and/or treatments in full on the day of surgery. If I neglect to pick up the animal within 7 days of the discharge date, Pet Lovers Animal Hospital may assume that the animal has been abandoned. In such instance, I would then authorized Pet Lovers Animal Hospital to take care of my pet as they see fit, including euthanasia or adoption. Abandonment, however, does not release me of my obligation for payment. I am encouraged to discuss any concerns with the veterinarian and staff before the procedure is started.

By signing this consent form, I acknowledge all questions have been answered to my satisfaction, and I agree not to hold the veterinarian or staff liable for any complications, side effects, injury, or death in connection with procedure.

I have read and fully understand this consent form.

Signature of responsible party

Date