

Anesthesia & Dental Consent

Clients Name _____ Patient's Name _____

Date _____

THE FOLLOWING WILL BE PERFORMED FOR ANESTHETIC PROCEDURES:

Pre-Anesthetic Blood Work

<u>Under 7 years of age</u>	<u>Over 7 years of age</u>
Chem 10/CBC/Lytes	Chem 17/CBC/Lytes
Cost= \$110	Cost= \$140

Intravenous Catheter

Your pet's health is our primary concern. Our most effective and safest anesthetic drugs require the use of an intravenous catheter (IV) placed in the front arm vein. This will require a small area to be shaved and disinfected for IV placement. Your pet will receive intravenous fluids during the anesthetic period, which will provide for safer anesthesia, a quicker recover and better pain management. An IV also provides the ability to give emergency drugs immediately if needed. Due to the time and materials involved there is an additional cost of \$51.35 for this procedure.

Pain Management

It is our belief that pain control is necessary for patients that have surgery. Not only is it more humane to prevent pain, but it is scientifically proven to shorten the healing and recovery times after surgery. **Due to differences in amounts needed by varying sized animals, the cost will vary between \$29.35 and \$35.35.**

Microchip Implant

Microchip Implant-We can implant a permanent identification number near the shoulders of your pet. A scanner can read the ID number and should your pet become lost or stolen, Animal Control, emergency clinics and some Veterinary hospitals can identify your pet and return them to you. **The cost is \$69.95 (Lifetime registration available thru AVID Pet ID)**

_____ **Implant Microchip** _____ **Decline Microchip**

Possible Additional Costs: After an oral examination and dental radiographs we may recommend extractions. Cost for extractions is \$50 every 10 minutes of surgery time.

- I agree to all work that the Doctor feels necessary to treat my pet.
- I request that the Doctor call me before proceeding. If I cannot be reached, I want the Doctor to proceed as needed to treat my pet.
- I request that the Doctor call me before proceeding. If I cannot be reached, I understand the Doctor will not perform any additional procedures. I further understand that delaying these procedures will involve extra costs and risks associated with another anesthesia at a later time.

Patients must be current on vaccinations. If not, they will get updated while under our care.

	<u>K9</u>	<u>Fe</u>
Rabies	\$12	\$20
DHPP/FVRCP	\$26	\$26
Bordetella	\$15	

Nail Trim: Yes _____ No _____ Anal Gland Expression: Yes _____ No _____

Patients WILL get treated if fleas are present

Consent

I am the owner, or the owner's agent, of the above described animal and I have the authority to execute this consent. I hereby consent and authorize the above procedures. I understand that during the performance of the aforementioned procedures, unforeseen conditions may be revealed that necessitate an extension of said procedures than those set forth above. I hereby consent to and authorize performance of such procedures, as a necessary and desirable in the exercise of the doctor's professional judgment. I also authorize the use of appropriate anesthetics and other medications, and I understand that the hospital support personnel will be employed as deemed necessary by my doctor. The charges within this estimate have been explained to me. I understand that unless previous arrangements have been made, payment of services is due at the time of my pet's discharge.

I have been advised as to the nature of the above procedures and the risks involved with the procedures and anesthesia. I realize that results cannot be guaranteed. I have read and understand this authorization of consent.

Owner/Agent: _____ Contact Phone _____

Alternative Phone: _____
****Cost for a basic dental vary according to stage of dental and size/weight of patient****