Dental Anesthesia Consent Form



Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure (s) being done today:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number for today:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact: (circle one) call / text

My pet last ate at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm on \_\_\_\_\_\_\_\_\_\_ (date)

Known Seizure activity? Yes / No If yes, date of last Seizure:\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet taking any medications Yes / No If yes, list Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At Town and Country Veterinary Clinic we STRONGLY RECOMMEND that pets are properly screened so that we are aware of underlying conditions that could lead to possible complications during their procedure. These tests are not included in the price of the procedure.

**CBC bloodwork** indicates immune system function, platelet status for blood clotting during surgery, and oxygen carrying capacity.

***If you would like to opt out of this option, please initial \_\_\_\_\_\_\_\_\_\_***

**Serum Chemistry bloodwork** checks internal organ function including the liver and kidneys which metabolize the anesthetic drugs.

***If you would like to opt out of this option, please initial \_\_\_\_\_\_\_\_\_\_***

**Post-Operative Pain injection:** This optional service is a one-time pain injection. This will allow your pet to wake up from surgery more comfortably. The pain injection stays in their system for 24 hours so no other pain meds will be needed during this time. For Dental procedures this may not be necessary but will be left up to the discretion of the Veterinarian if they feel the pet would benefit from this.

***If you would like to opt out of this option, please initial \_\_\_\_\_\_\_\_\_\_***

**Antibiotic Injection**: If extractions and/or severe dental disease is present your pet will receive an antibiotic injection during the procedure. This injection is included in the price of the procedure. Sometimes it may be necessary for pets to go home on additional antibiotics as this injection only stays in their system for 24 hours. Additional antibiotics will be at an additional charge.

**Nail Trim**: All pets that are here for a surgical/anesthetic procedure will receive a nail trim at no cost to the Client.

**Dental Extractions:** Depending on the degree of dental disease present, extractions may be necessary during your pet’s dental prophylaxis. Additional charges will apply if teeth are extracted.

**I give Town and Country Veterinary Clinic permission to extract necessary teeth. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please initial)**

**Post-Procedure optional services: Pain Management:** This is an additional pain management that will be sent home upon discharge from the hospital. This will typically be a once daily tablet. ***Yes / No***

**Additional Services:**

*Microchipping*: I would like my pet to receive a microchip. This is a small chip that is implanted under your pet’s skin on the back of the neck. It is used for identifying your pet may he/she get lost. This however is not a tracking device. Addition charges apply. ***Yes / No***

*Vaccinations and other Services*: If your pet is due for any vaccinations or any other yearly tests at this time, we can update those while your pet is here with us.

Rabies Vaccine \_\_\_\_\_\_\_ Distemper Vaccine \_\_\_\_\_\_\_ Bordetella Vaccine \_\_\_\_\_\_\_

Feline Leukemia \_\_\_\_\_\_\_ Heartworm Test \_\_\_\_\_\_\_

I would like Town and Country Veterinary Clinic to address these other concerns today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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There is always risk involved with anesthesia and surgery. We cannot be held responsible for any reactions your pet may have to the medications. By signing below, you are giving consent to the veterinarians of Town and Country Veterinary Clinic to anesthetize and perform the above listed procedure (s). Full Payment is expected at time service is rendered.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_