

Consent to Perform Anesthesia and Dental



Pet's Name: _____

Owner's Name: _____

Cell Phone: _____

Email: _____

I, the undersigned, being owner or authorized agent of the above described pet, consent to the administration of anesthesia for a Dental Cleaning. Once tartar and calculus are removed, the oral cavity is examined for lesions, decayed/broken tooth roots, nerve exposure, and infection. Any oral surgery that the veterinarian deems necessary will be performed at this time, including **dental extractions**; this is sometimes unforeseen until the teeth have been thoroughly cleaned and examined under anesthesia. I understand that such procedures entail a degree of risk, particularly if unforeseen medical or physical conditions exist, and although rare, complications and death can sometimes occur.

I understand that by authorizing a pre-anesthetic blood screen for my pet can reduce the risk of anesthesia. **Results will be immediately available before your pet's anesthesia is administered.** If there is any indication of an abnormality, we will contact you before proceeding or take steps necessary to ensure the safety of your pets. Please **INITIAL** one of the following:

_____ Done within the last 90 days.

_____ Profile 1: General blood screen for healthy pets under 7 years old.

_____ Profile 2: Comprehensive blood screen for pets 8 years and older.

We offer the "**HOME AGAIN**" microchip. This is done safely and painlessly while your pet is under anesthesia. Please initial:

_____ Yes

_____ No

Any other medical procedures or services to be completed: _____

**Please list ALL medications given to your pet within the last 2 weeks, including anything given over the counter:

***Daytime phone number** where you can be reached **today**: _____

Signature of owner/agent: _____ Date: _____

How would you like to be contacted regarding your pet's surgery today:

Phone

Email

Text

Initials of admitting technician/client care specialist: _____