



CENTRAL HOSPITAL FOR VETERINARY MEDICINE

24 HOUR CARE ■ We're always here

DENTISTRY & ANESTHETIC CONSENT FORM

CLIENT: _____

DATE: _____

PATIENT: _____

DOCTOR: _____

Pre-anesthetic Blood Testing

In order to care for your pet's teeth we will be giving a general anesthetic. This allows us to thoroughly examine the teeth, and then plan the appropriate treatment. Maintaining your pet's oral hygiene is an important part of caring for his/her overall health and comfort.

Prior to giving your pet an anesthetic **we recommend that pre-anesthetic blood tests be performed.** Our laboratory is fully equipped and staffed to perform these important tests. The test results will be immediately available to your veterinarian for evaluation before anesthesia is induced. As pets age there is a greater chance for reduction in organ function. Therefore, an expanded blood screen is recommended for patients over the age of 8 years.

Please indicate your choice below.

- YES, I want my pet to have a basic pre-anesthetic blood screen. - \$77.00
- YES, I want my pet to have the expanded pre-anesthetic blood screen. - \$96.00
- NO, I do not wish for my pet to have a pre-anesthetic blood screen.
- Pre-anesthetic blood screen has already been done at my veterinarian's office.

Signature _____

Dentistry and Oral Surgery Consent Form

Upon physical exam a basic oral exam was conducted on your pet. Due to the difficulty of conducting a complete oral exam while the patient is awake, it is necessary to finish the oral exam under anesthesia. All healthy teeth are ultrasonically and hand scaled above and below the gum line. They are then polished and treated with fluoride. At that time **it may be necessary to treat or extract damaged or unhealthy teeth.** If the treatment does not stay within the guidelines of the estimate you were given, you will be called to discuss treatment options.

Telephone number where you will be today: _____

If we are unable to reach you at the telephone number provided, treatment decisions including extractions will be made at the discretion of the doctor.

Signature _____

Notes to the doctor _____