



Thiensville-Mequon
Small Animal Clinic

425 N. Main St. Thiensville, WI 53092
P: (262)238-5060 F: (262)238-5070

Authorization for Anesthetic Procedure(s) and/or Surgery

Client's Name _____ Pet's Name _____

Anesthetic and medical or surgical procedure(s) to be performed: **Dental Procedure**

I, the undersigned owner or agent of the owner of the pet identified above, authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home care required
- Any necessary payment arrangements

I also understand that in an effort to detect underlying health problems that may cause complications during anesthesia, all patients must have a pre-anesthetic blood panel performed within 60 days of the procedure. If the blood panel is not current, a panel will be run prior to anesthesia on the day of the procedure.

DENTAL PROCEDURES: During the dental procedure, your pet will receive a thorough oral cleaning and examination which includes: scaling of the teeth above and below the gumline, radiographic examination of tooth structures below the gumline, and a comprehensive evaluation of all oral structures and each individual tooth by a veterinarian. I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine (fang) teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. In the event that the doctor(s) should find diseased teeth, please proceed as follows:

_____ I DO authorize the doctor to extract any teeth that he/she feels are unhealthy or are causing oral discomfort or infection. (Additional cost depending on number and type of extractions.

_____ I DO NOT authorize the doctor to proceed with extractions without speaking to me first. I can be reached at _____ to discuss problem teeth and any possible treatment options (extraction, referral for root canal/restoration/other.) If I cannot be reached while my pet is undergoing anesthesia and dental care, I understand that the cleaning will be completed as planned and no further treatment will be performed.

MICROCHIPPING OPTION: A microchip is a small permanent identification chip that is inserted under the skin on the back between the shoulder blades. Should your pet become lost or stolen, the identification number contained in the chip can be a useful tool to reunite you with your pet. If your pet is not already microchipped, this can easily be done while you pet is anesthetized today.

- Yes, I would like to have my pet microchipped. (\$53.05)
- No, I do not want to have my pet microchipped.
- My pet is already microchipped.

While I accept that all procedures will be performed to the best of the abilities of the staff at this clinic, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

I have read and understand the nature of the above procedures and give my consent to proceed.

(____) _____ - _____ (____) _____ - _____
Phone number(s) where I can be reached today

I opt to receive text messages about the status of my pet.

_____ Signature of Owner or Authorized Agent	_____ Date
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Current medications that your pet is on including dosage and time last given:
