



DENTAL PROCEDURE AND ANESTHESIA AUTHORIZATION

Owner:

Pet's Name:

Date:

Your pet is being admitted for a dental prophylaxis. Please be assured that the veterinarians and staff of Eagle Animal Clinic will use the safest anesthetics available and that your pet will be constantly monitored throughout the procedure. Regardless of an animal's age or apparent health status, all anesthetic procedures have an element of risk including, but not limited to stroke or death.

Eagle Animal Clinic will be performing blood work on your pet prior to the dental procedure to identify potential problems that may impact our anesthetic protocol. We will also be placing an IV catheter in your pet's leg to administer intravenous fluids during the anesthetic procedure and recovery. These tests and procedures are required prior to general anesthesia to enable us to take the appropriate steps to reduce the risks from otherwise undetected problems.

Option to perform a more comprehensive blood panel...

A complete blood panel is more comprehensive and ideal for older pets and/or those with pre-existing medical conditions. This panel provides additional blood chemistries that aid in the early detection and/or monitoring of several diseases. There is an additional fee of **\$50.00** to run the in depth blood chemistry panel.

Please **INITIAL** only ONE of the following: Accept () Decline () Blood Work Previously Completed ()

You have been provided with a treatment plan for your pet that details what will be included in today's dental procedure and the cost of those services. However, because it is impossible to completely assess an animal's oral health prior to obtaining oral x-rays, it can be difficult to provide you with an exact estimate of charges. Once your pet is anesthetized, we have obtained full mouth oral radiographs, and the plaque and tartar has been removed, the doctors can then accurately assess and measure his or her oral health and dental disease. Some pets will only need routine scaling of plaque and tartar, followed by polishing and fluoride treatment, while others will require additional procedures such as oral surgery and surgical tooth extraction. When a previously unknown abnormality with the teeth is found, such as a tooth fracture, abscessed root, or gingival pocket, the procedure may become more involved than initially anticipated. Due to this, the treatment plan provided for a routine dental procedure may no longer be accurate.

Also, for your pet's safety, one of our goals is to limit the amount of time your pet is maintained under general anesthetic. Because of this, we would like to know how you would like us to proceed if the doctor does indeed diagnose a previously unknown abnormality.

In the event that additional, unforeseen dental treatments, such as oral surgery or tooth extractions become necessary...

Please **INITIAL** only ONE of the following:

- () You have my permission to proceed with treatment as deemed necessary by the veterinarian without contacting me further.
- () Please make every attempt to reach me by phone at the number I have listed below. In the event that I or my spouse cannot be immediately reached, you have my permission to proceed with treatment as deemed necessary by the veterinarian.
- () Please make every attempt to reach me by phone at the number I have listed below. In the event that I or my spouse cannot be immediately reached, please proceed with only the procedures as outlined in the treatment plan.

As the owner or authorized agent of the above listed pet, you are authorizing the medical staff of Eagle Animal Clinic to perform the dental procedures and other known non-dental procedures/treatments for your pet. Furthermore, you understand that there is no guarantee as to the results or cure of your pet.

Should unexpected life-saving emergency care be required for your pet, and the hospital staff is unable to reach you at the number you provided below, the doctor's and/or staff has your permission to provide any and all necessary life-saving treatments.

You are agreeing to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications of otherwise unforeseen circumstances, upon completion or discharge of your pet from the hospital. Any estimate of charges or fees for planned procedures is only the best approximation and cannot be guaranteed.

By signing below, you are indicating that you are at least 18 years of age, have read and understand the Dental Procedure and Anesthesia Authorization, and have had all of your questions and/or concerns addressed to your satisfaction.

Signature of Owner/Authorized Agent

Date

Today's Emergency Contact Phone Number

Today's preferred method of contact for a post-dental update: ☐ Call: _____ ☐ Text: _____

☐ E-Mail: _____