



## Roanoke Animal Hospital

513 Byron Nelson Blvd.

Roanoke, TX 76262

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### Dental Procedure Consent Form

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

I understand that during this dental procedure unforeseen conditions may require additional treatment. Therefore, I hereby consent to and authorize these treatments as necessary in the professional judgment of the attending veterinarian. I have also been advised as to the type of surgery/procedure to be performed, the risks involved, and that no guarantee has been stated or implied.

Prior to any additional treatment being performed, you will be contacted by telephone **when possible**. If we are unable to reach you, you authorize up to \$ \_\_\_\_\_ over the estimate to be spent without your prior approval.

**The phone number where you can be reached TODAY is: (include area code)**

(\_\_\_\_\_) \_\_\_\_\_

Antibiotics will be prescribed and sent home in conjunction with all dental prophylactic procedures, to treat any oral infection that may be present and to offer protection against bacteria in the bloodstream.

\_\_\_\_\_ *(please initial)*

**Blood tests are highly recommended** for your pet prior to anesthesia/surgery. These simple screening tests check for adequate blood sugar, blood volume, oxygen capacity, blood clotting, kidney function, and heart function (EKG). These tests are important indicators for your pet's successful recovery from anesthesia/surgery. Please inquire about cost. *(Please initial one choice.)*

\_\_\_\_\_ I request blood tests

\_\_\_\_\_ I decline blood tests

**IV Catheter/IV Fluids** can be of great benefit to your pet by increasing tissue perfusion which helps support internal organ function, shorten your pets' recovery time and the ease with which your pet returns to normal after anesthesia. IV Catheters are placed in **ALL** surgery patients. IV Catheters are beneficial should an emergency situation arise during anesthesia. IV Fluids are highly recommended and may be required by the Doctor in some pets that have certain pre-existing conditions or are considered geriatric (7 years or older). Please inquire about costs. *(Please initial one choice.)*

\_\_\_\_\_ I request IV Catheter ONLY

\_\_\_\_\_ I request IV Catheter and IV Fluids

Please sign below indicating that you have read and understand this consent form. If you need further information, please ask. You have every right to be fully informed of your pet's care and we are glad to help.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date