



 Rutland Animal Hospital  
Dental Anesthesia Consent Form

DATE \_\_\_\_\_ OWNERS NAME \_\_\_\_\_ PETS NAME \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
Please initial

As the owner/authorized agent for the above named patient, I give consent for Rutland Animal Hospital to induce and maintain anesthesia for the scheduled procedure. I understand and accept that there is risk associated with any anesthetic procedure and authorize the attending DVM to proceed as necessary should any complications occur.

An intravenous catheter allows for rapid administration of emergency drugs should any anesthetic complications occur. It also allows for the administration of intravenous fluids which help maintain adequate blood pressure and circulation to vital organs during anesthesia. **It is required for all surgical procedures.**

**APPROVE**

**DECLINE**

A standard pre-anesthetic blood panel is highly recommended to help minimize anesthetic risk. This blood panel helps to assess internal organ function and can highlight issues not detectable with a physical examination.

A CBC is added to our standard pre-anesthetic blood panel to check if a patient has underlying anemia and has adequate white blood cells to fight infection and heal properly. It also measures platelets that are used for clotting after surgery.  
***If I approve this blood panel, then I understand that a standard pre-anesthetic blood panel with a CBC is an additional cost.***

**APPROVE**

**DECLINE**

Microchips are an important part of pet ownership. In the event your pet becomes separated from you, any shelter or veterinary facility has the ability to scan for microchip information. We recommend that all pets be microchipped.  
***If I approve the placement of a microchip, then I understand that it is an additional cost.***

**APPROVE**

**DECLINE**

Dental radiographs are an important part of evaluating your pet's overall dental health and are a strongly recommended component of any dental procedure. They assist in evaluating current problems and highlighting areas of potential concern. **If I approve full mouth dental radiographs then I understand that they are an additional cost.**

Did your pet eat this morning?  
Is your Pet on any Medications? Please list below:  
\_\_\_\_\_

**PLEASE READ THE BELOW CONSENT REGARDING YOUR PETS DENTAL**

In the event we find teeth that need to be extracted during your pet's dental cleaning, we will attempt to reach you at the contact number given. If we are unable to reach you in a reasonable amount of time we:

\_\_\_\_\_ **DO** have permission to proceed with recommended extractions. I am aware there are additional cost associated with extractions above the cost of a routine dental cleaning.

\_\_\_\_\_ **DO NOT** have permission to proceed with recommended extractions. I understand this may result in follow-up visits and/or additional anesthetic procedures to address unresolved issues.