



Mechanicsville Animal Hospital Dental Anesthesia Consent Form

DATE _____ OWNERS NAME _____ PETS
NAME _____

Can you make medical and financial decisions regarding this pet? **YES** **NO**

If "no" do not continue to fill this form out. Please see a receptionist for further instructions.

Please initial

As the owner/authorized agent for the above-named patient, I give consent for Mechanicsville 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. **Radiographs will be taken prior to dental cleanings to help evaluate your pet's overall dental health. It will be a part of your overall invoice.**

Please initial

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 and will be an additional cost.**

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 approve this blood panel, then I understand that it 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.**

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.

Did your pet eat this morning (circle)? **YES** or **NO**

Is your pet on any medication? IF YES, please list all medications:

SIGNATURE: _____ PHONE # _____