



# Animal Medical Center Dental & Anesthesia Release Form

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Emergency numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I hereby consent and authorize the doctor(s) at Animal Medical Center to perform the following procedure(s) on the above described patient: **Routine Dental Cleaning**

**Any Additional Procedures:** \_\_\_\_\_

- I authorize the use of professionally accepted general anesthesia to perform this procedure as deemed necessary by the doctor(s). I understand that support personnel will be used as needed by the veterinarian.
- I have been advised of the nature of the above procedure and the risks involved in performing general anesthesia to my pet. **I realize that results cannot be guaranteed.** I understand that most medical and surgical procedures are accompanied by some risks **(including death)**, especially when general anesthesia is used.
- Should an **emergency** arise, calling for procedures in addition to or different from those now contemplated, I further request and authorize whatever **emergency** treatment is needed. I expect to be notified of any problems as soon as comfortably possible if they arise.
- I have read and understand this authorization and consent. I agree to pay in full for all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.
- **My pet was not fed after 12:00 midnight (water OK)**

Current medications: \_\_\_\_\_

Known allergies or sensitivities to medication/ anesthetics. \_\_\_\_\_

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### Additional Recommendations (extra fees apply):

A thorough physical exam will be performed prior to anesthesia **and a catheter will be placed in the forearm which requires a small shaved area (excluding cat neuters unless requested for an additional cost)**, but certain conditions cannot be diagnosed without further evaluation.

- **For all patients** we recommend a pre-op cardiovascular screening (Lead II EKG and Blood pressure check, and a pre-op blood chemistry panel).
  - Pre-operative cardiovascular screen (Lead II EKG and blood pressure check) Yes  No  (extra)
  - Pre-op blood chemistry panel (CBC & Chem 10) prior to anesthesia Yes  No  (extra)
- **For patients over 5 years of age**, we recommend a full comprehensive workup prior to anesthesia/surgery. This includes a CBC/Chemistry/T4, chest X-rays, a full EKG, blood pressure check and a urinalysis.
  - I request a full comprehensive workup as described above for my older pet prior to anesthesia Yes  No  (extra)
- **Microchip while anesthetized** Yes  No  (extra)
- **I authorize additional pain medication to be given prior to surgery and for home use to decrease and post-operative pain (Price based upon animal weight)** Yes  No  (extra)

**Routine Dental Cleaning Procedure:**

Factors that limit our ability to detect every dental problem your pet may have with just an oral exam may include:

- Lack of patient cooperation can impair visualization in the mouth, especially of back teeth.
- Many periodontal problems can be detected only by probing under the gum with an instrument.
- Dental tartar can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, how should they be handled?

Choose one of the following:

- Do whatever is needed to give my pet a healthy oral cavity. I understand there will be additional cost for extra procedures such as extractions, dental x-rays, oro-nasal fistula repair, etc.
- Please contact me at the phone number above before doing any additional dental procedures. If I cannot be reached by phone while my pet is under anesthesia, then:
  - Perform whatever procedures are needed.
  - Do only what I have authorized.
- Do only what I have authorized. I understand that the additional dental work needed will require another anesthetic episode for completion.

The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I have reviewed the pre-operative screening tests offered on the anesthesia consent form and indicated which tests I want performed to enable the doctor to assess the condition of my pet's liver and kidneys, and general health of my pet.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_