



Pet's Name: _____

Owner's Name: _____

Staff's Initial _____

Dental and Anesthetic Consent Form

Your pet is undergoing anesthesia today for dental procedures including teeth cleaning, polishing, dental X-rays and any necessary dental extractions to treat periodontal disease. Pre anesthetic bloodwork with IV Catheter, fluids and pain management are recommended

I understand that anesthesia has risks and consent for the above procedure(s) to be performed. By signing, you agree that you understand these risks and consent to give Perry Animal Hospital authority to proceed with all described.

Yes **No**

- ____ ____ Did your pet eat or drink this morning? When was the last feeding time? _____
- ____ ____ Has your pet had any vomiting, diarrhea, or coughing within the past 7 days?
- ____ ____ Has your pet ever had seizures? If yes, when was the last one?
- ____ ____ Is your pet allergic to any medications, anesthetics or vaccines? If yes, please list: _____
- ____ ____ Is your pet presently on any medication(s) including aspirin? If yes, please list: _____

Preoperative Bloodwork _____

A physical exam, regardless of how thorough, frequently cannot detect metabolic problems, such as diseases of the kidney, liver or bone marrow. Our clinic recommends blood work for your pet before they undergo anesthesia or treatment. This bloodwork includes a complete blood count, which evaluates your pet's red and white blood cells, and a chemistry panel, which assesses electrolytes, kidney function and liver function. Aged or ill pets may be required to have preoperative blood work prior to the dental procedure.

Extractions _____

Extraction (pulling) of diseased teeth may be necessary if there is a loss of healthy attachment to the bone due to advanced periodontal disease. If your pet should need one or more tooth extractions, it is necessary for the attending veterinarian at Perry Animal Hospital to perform the extraction(s). The doctor may not have time to reach you prior to extractions as the patient is under anesthesia. If extractions are necessary for the health of your pet, there will be an additional charge.

As the owner/agent of the animal receiving treatment today, I certify that I am at least 18 years old and of sound mind to provide consent to today's procedure. I have had the opportunity to ask all questions that I may have regarding this procedure and understand the risks involved. I further understand that I am responsible for all charges at the time of discharge and that Perry Animal Hospital does not allow payments or billing. Knowing all of this, I hereby consent to the dental care of my pet on this date.

Signature: _____

Date: _____

Phone number to be reached today _____