

Pre-Anesthesia Consent Form: Dental Cleaning

Print, fill in, and bring this form with you to your visit.

CLIENT/PATIENT INFO

OWNER'S NAME

EMAIL

DATE (MM/DD/YYYY)

CLIENT NUMBER

PET'S NAME

SPECIES

BREED

COLOR

AGE

CONSENT INFO

As the owner or agent of the above animal, I hereby give my consent to South Buffalo Springs Animal Hospital to perform the following on my pet.

Like you, our greatest concern is the well being of your pet. Prior to administering anesthesia to your pet, a full physical exam is performed. Included in the price of each dental is: (1) an intravenous catheter and fluid therapy, (2) pain medication before, during, and after the procedure, (3) state of the art anesthesia monitoring and (4) an application of OraVet sealant.

Pre Anesthetic Blood Testing

A blood analysis can reveal underlying problems that may not be outwardly visible. This test provides us with a look at your pet's vital organ function which can play a critical role in determining how much risk is involved. Before administering any anesthetic, a doctor will evaluate these test results.

☐ ACCEPT

☐ DECLINE

Dental Take Home Kit

After the teeth are cleaned the next step is to slow the return of tartar and plaque. PETS NEED DENTAL CARE TOO. Included in the dental take home package are:

1. T/D treats given twice daily to control tarter. These come in canine, feline, and small bites. The perfect fit for your pet.
2. Aquadent- antiseptic water additive to help control bad breath. This package is discounted if purchased with your dental cleaning.

☐ ACCEPT

☐ DECLINE

Owner Consent for advanced diagnostics / treatment

Extractions, antibiotics, radiographs and/pain medications may be required depending on the severity of dental disease. I understand that I am responsible for the cost of these medications administered in the hospital or prescribed for use at home.

☐ **Do what is necessary**

☐ **If unable to contact – do nothing**

PRIMARY CONTACT NUMBER

ALTERNATE CONTACT NUMBER

I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the animal described above and have the authority to execute this consent.

I understand that during the performance of the procedure, an unforeseen situation may arise that necessitates an extension or variance in the procedure set above. I hereby authorize South Buffalo Springs Animal Hospital to use reasonable care and judgment in performing the procedure.

I have been advised as to the nature of the procedures and the risks involved in performing general anesthesia to the above described animal. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent. I further understand that I assume financial responsibility for all services rendered.

By signing below, I, the owner of the above pet, agree to all of the above statements.

OWNER OR AGENT SIGNATURE

DATE

South Buffalo Springs Animal Hospital · 7385 South Buffalo, Las Vegas, NV 89113 · (702) 333-1770