

ANIMAL MEDICAL CENTER
FELINE DENTAL ANESTHETIC CONSENT FORM

Owner: _____ Animal: _____

Procedure: _____ Date: _____

Has your pet had anything to eat since 10:00 PM yesterday or Drink since 7:00 Am today:

No ___ Yes ___ if yes please explain: _____

Please list **PHONE NUMBER** you can be reached today if necessary: _____

Do we have **Permission to do any extraction's** the doctor determines necessary for your pets health while we are doing this procedure (There is an additional charge for extractions, this varies from a minor extraction or a major extraction) Yes ___ No ___

Any procedure requiring sedation or anesthesia carries with it an inherent risk regardless of the particular procedure involved. The safety of modern anesthesia has increased substantially with the increased knowledge, modern equipment, and modern anesthetic drugs. Anesthesia is, however, never trivial or routine. To help us choose the appropriate anesthetic, we recommend a **Preanesthetic Blood Profile**. This includes the following tests: blood cell counts to detect anemia, liver function test, Kidney Function Test, Blood Coagulation test, and Glucose level. These tests are performed as a standard safety screen. We also recommend **Intravenous Catheter** and **intra-operative fluids** to maintain adequate blood pressure and kidney function. The catheter also provides direct vascular access should prompt medical intervention be needed in an emergency. The hair on the leg will be clipped for aseptic insertion of the catheter.

Please initial your selection on these additional services, which are recommended but not mandatory:

___ Yes, I want my animal to have the Blood Profile (**\$48.00**)

___ No, I understand the risk but decline the Blood Profile

___ Yes, I want my animal to have the Intravenous Catheter and Fluids (**\$24.00**)

___ No, I understand the risk but decline the Intravenous Catheter and Fluids

Our staff is concerned about the comfort of your pet at our hospital and when they return home. Even though your pet may have a higher threshold of pain than you, they do experience pain to a great degree. We can administer an injection of Pain Medication just after surgery to relieve their discomfort and send home medication for the first few days after surgery. This medication is similar to what you might receive in the hospital from your doctor. We also recommend post op Antibiotics to prevent secondary infections.

Please initial your selection on these additional services, which are recommended but not mandatory:

___ Yes, I want my animal to have the post op Pain Injection (**\$26.00**)

___ No, I decline the Pain Injection

___ Yes, I want my animal to have the Pain Medication at home

___ No, I decline the Pain Medication at home

___ Yes, I want my animal to have Antibiotics

___ Yes, I want an Elizabethian Collar (\$5.00)

___ No, I decline the antibiotics at this time

___ No, I decline the Elizabethian Collar at this time

Is your pet current on Vaccinations? Yes ___ No ___ if no, which vaccines are outstanding:

RABIES _____ FVRCP _____ FELV _____ FIP _____

Has your cat been **tested for Feline Leukemia or FIV**? Yes ___ No ___ If no, would you like to have this done before surgery?

The cost of the Leukemia and Feline Aids Test is **\$36.00**.

___ Yes, I would like to have my cat tested for Felv and FIV

___ No, I understand the seriousness of these diseases but decline testing at this time

Is your pet free of **External Parasites**? YES _____ NO _____

Would you like any additional services done for your pet?

Toe Nail Trim _____ Bath _____ Boarding _____

Other services: _____

SIGNATURE: _____ **DATE:** _____