

Your pet _____ is scheduled for a dental procedure. These procedures are performed under general anesthesia and even though we use the safest anesthetics available, there are risks associated with these procedures. The risks include impaired cardiac and respiratory function and even the remote chance of death.

In order to make the procedure as safe as possible and to minimize the risks we take the following steps:

- 1. A complete physical examination prior to anesthesia is performed at no charge.**
- 2. Precision anesthetic delivery systems are used.**
- 3. Continuous cardiac and respiratory monitoring (EKG, Pulse Oximetry, Blood Pressure) is performed.**
- 4. Intravenous (IV) catheters allow immediate venous access during anesthesia**
- 5. Pre-anesthetic blood tests are available**

Pre-anesthetic testing is recommended to better evaluate your pet's health status. *This is a series of tests designed to reveal a hidden illness or problem (kidney or liver disease, anemia, infection, low or high blood cell counts etc) that may not be evident on examination.* The cost of testing is \$63.50. *On cats & dogs over 7 yrs.* The cost is \$93.00

Please complete the recommended pre-anesthetic testing.

Please complete the recommended geriatric profile.

I decline the recommended pre-anesthetic or geriatric profile testing and I understand the risks of not having this done.

The cost of a routine dental cleaning and polishing includes general anesthesia and monitoring.

An IV Catheter is placed for additional safety for your pet. The cost of the IV Catheter is \$24.00.

Antibiotics, pain medication, dental x-rays, periodontal surgery, and extractions may be needed and will add to the cost. Most of the time, the need for these additional services cannot be fully appreciated until the pet is anesthetized and the teeth are completely evaluated. Please leave us a phone number or numbers so we can contact you if additional procedures are needed.

Home _____, Work _____, Cell _____

IF YOU CANNOT BE REACHED and your pet needs additional dental services, please indicate your preference:

I authorize the doctor to perform the additional services.

I authorize the doctor to perform the additional services up to \$ _____.

Do not perform any additional services. I understand that additional necessary procedures may require another anesthetic procedure at a later date.

Anesthetic consent:

As the responsible owner/agent I authorize Research Pet and Bird Hospital, its doctors and staff to administer general anesthesia to my pet. **I understand the risks associated with anesthesia and realize that there can be no safety guarantee.** In the event of a complication or emergency, I give my permission for the doctors and staff to perform any

necessary treatment or procedures. I understand that I will be responsible for any additional charges due to such a complication or emergency.

Signature _____ Date