

## Dental Surgery Consent

Your pet has been scheduled to undergo a dental procedure or surgery that will require anesthesia. Each pet is given a physical examination before the anesthesia is administered. However, it is often advisable to run a basic pre-anesthetic blood profile to check for organ function problems that are not apparent on physical exam. This further insures that your pet is in a low risk category for any possible anesthesia problems.

Dentistry patients may require tooth extractions and these will be performed as necessary. We also perform dental x-rays on all patients to fully access each tooth.

I authorize pre-anesthetic testing prior to anesthesia.           **YES**           **NO**

Pain control medication and intravenous fluids will be administered as recommended by the veterinarian.

### Consent

I AUTHORIZE NORTH ELM ANIMAL HOSPITAL, PLLC TO PERFORM THE FOLLOWING PROCEDURES ON MY PET:

Pet's Name: \_\_\_\_\_ Owner Name \_\_\_\_\_

Procedure to be performed: Dental Cleaning and necessary Oral Surgery \_\_\_\_\_

Additional procedures: \_\_\_\_\_

I assume full financial responsibility for this pet. I understand that there is potential risk associated with anesthesia and surgery. North Elm Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. I understand that no guarantee or assurance has been made as to the results obtained.

Are your pet's vaccines up to date?           **Yes**           **No**

Is your pet on heartworm prevention?           **Yes**           **No**

Would you like your pet to have a microchip? (\$55.00)           **Yes**           **No**

Did your pet eat anything this morning?           **Yes**           **No**

Has your pet had any illnesses or problems in the past 10 days? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I can be reached at the following number: \_\_\_\_\_

I can receive a text message at the following number \_\_\_\_\_