

Authorization for Anesthesia and/or Dental

Client Name:

Pet's Name:

Species:

Breed:

Age:

Sex:

Anesthetic and surgical procedures(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I _____ **am/am not** _____ (check one) eighteen years of age or over and authorize the veterinarian(s) at Ammon Veterinary Hospital to perform the above procedures(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services
- Any necessary payment arrangements.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of _____% of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or debit at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ / **does not have** _____ (check one) my permission to provide such treatment and I agree to pay for such services.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
(if owner/agent less than 18 years of age)

Date

Phone number(s) at which owner or agent can be reached today and/or tomorrow.

Blood Work

The well-being of your pet is our top priority. Prior to putting your pet under anesthesia we will perform a physical exam. However, many conditions, including disorders of the liver, kidneys, or blood may not be detected unless blood work is performed. For this reason, we recommend that pre-anesthetic blood work be completed to confirm that your pet is in a low risk category by ruling out pre-existing internal problems that could lead to complications. If there is an abnormal result in this screening, other options for further diagnostics will be discussed with you. In pets 7 years of age and older we require pre-anesthetic blood work prior to any anesthetic procedure.

The cost of the preanesthetic bloodwork is **\$93.20** (in addition to surgery cost).

- Yes, I want my pet to have pre-anesthetic blood work.
- No, I do not want my pet to have pre-anesthetic blood work.
- Required for this procedure.

IV Fluids

Your pet will receive IV fluids during the dental procedures. IV fluids can be essential in maintaining the stability of your pet while under anesthesia. Supplying fluids during anesthesia helps maintain your pet's blood pressure and will ensure the best health for the kidneys, other organs, and prevents dehydration.

Oral Surgery

In some cases, irreversible dental disease may have occurred prior to prophylaxis. In this case the bone and ligaments that support the tooth are damaged, and oral surgery may be required to extract the diseased tooth/teeth. Without correction, oral bacteria can accumulate and enter the bloodstream, which can lead to infection in other organs. For this reason, if the doctor finds that oral surgery is indicated, we recommend that surgery to remove the diseased tooth/teeth be performed while your pet is under anesthesia for routine prophylaxis.

- Yes, I want my pet to have oral surgery.
- No, I do not want my pet to have oral surgery.
- Required for this procedure.

Pain Medication

Your pet will receive a 24 hr dose of pain medication today. We require post-operative pain medication for all surgeries to reduce the discomfort of your pet and ensure the most humane treatment of all animals in our care. We will provide your pet with additional pain medication to be given at home.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date