GRAYSON VETERINARY HOSPITAL

2632 Hwy 20

Grayson, Ga 30017

770-339-9923

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Client Patient Age Date

ANESTHETIC CONSENT FOR DENTIAL PATIENTS

*Please read carefully and sign*

Like you, our greatest concern is the well-being of your pet. Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, and/or kidney, liver disease which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. These tests are similar to those your own physician would run if you were to undergo anesthesia. In addition, the results of these tests may be useful in your pet’s future health.

\_\_\_\_\_ \*Initial\* HEALTHY PATIENTS UNDER 5 YEARS OF AGE (optional). Cost $49 Includes: BUN (kidney),

Creatinine (kidneys), ALKP (liver), Glucose (sugar), Total Protein (hydration), PCV (anemia), Electrolytes

\_\_\_\_\_ \*Initial\* My pet is under 5 years old and I have elected to decline the recommended bloodwork at this

time and request you proceed with the anesthesia.

\_\_\_\_\_ \*Initial\* Would you like to take this opportunity to have your pet micro-chipped while under the

anesthesia?

\_\_\_\_\_ \*Initial\* SICK PATIENTS AND THOSE 5 YEARS AND OLDER (mandatory). Cost $86 Includes: ALL TEST IN

HEALTHY PROFILE plus: Albumin (protein), Phosphorus (kidney), Calcium (tumors), Total bilirubin (liver)

Amylase (pancreas), and CBC

\_\_\_\_\_ \*Initial\* If intra-operative pain medications are indicated, they can be administered during the dental

procedure at the doctors’ discretion. Any pain medications recommended for at home administration

will be discussed at time of patient discharge.

\_\_\_\_\_ \*Initial\* Many patients in for dental procedures will require extractions. Infected, loose, or fractured

teeth need to be extracted. The doctors will perform extractions at their discretion. Any extractions

are in the best interest of our patients’ health and well-being. Permission to extract diseased teeth

prior to surgery will allow for a shorter/smoother anesthetic event for your beloved pet.

*I am the owner or agent for the above described animal and consent to the procedure/anesthesia*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_