_____, authorize the performance of the following procedures:

Dental Procedures ______
Other Procedures ______

I have been offered a discounted pre-operative blood screen based on the pet's age. This will inform the doctor of the condition of the liver and kidneys, and the general health of my pet. The cost varies.

□ Lab Work Approved □ Lab Work Declined

Additionally, we offer a discounted pre-surgical clotting test.

□ Clotting Test Approved □ Clotting Test Declined

Post-Operative Pain medications are recommended for all pets having surgery and/or dental extractions. Basic pain control options include an injection prior to procedures and take-home medication for several days as determined by your veterinarian. Additional medications may be prescribed if the patient is undergoing extremely painful procedures. The cost varies.

Pain Meds Approved Pain Meds Declined

A small percentage of pets will lick or chew at surgical sites causing damage to the surgical area and in some cases causing life threatening emergencies. E-collars are recommended for most procedures. The cost varies.

□ E-collar Approved □ E-collar Declined

SANOS® Veterinary Dental Sealant acts like a liquid bandage that seals the subgingival line against the formation of plaque. It can be applied during yearly dental or at spay/neuter to help your pet get started on the path to wellness. The cost varies.

Sealant Approved Sealant Declined

Factors that limit our ability to detect every dental problem your pet may have with just an oral exam may include:

- 1. Lack of patient cooperation can impair visualization, especially of back teeth.
- 2. Many periodontal problems can be detected only by probing under the gum with an instrument.
- 3. Dental tartar can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, how should they be handled?

Choose one of the following:

I.

Surgical Procedures_

 $\hfill\square$ Do whatever is needed to give my pet a healthy oral cavity.

 $\hfill\square$ Please contact me at the phone number below before doing any additional dental procedures.

- If I can't be reached by phone while my pet is under anesthesia, then:
 - Perform whatever procedures are needed.
 - Do only what I have authorized. I understand that additional dental work needed will
 - require another anesthetic episode to complete the dental treatment.

Should an *emergency* arise, calling for procedures in addition to or different from those now contemplated, I further request and authorize whatever *emergency* treatment is needed. I consent to the administration and use of anesthesia. I agree to pay in full for all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

The nature and purpose of the procedure, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance had been made as to the results that may be obtained.

Please note: there will be an additional charge to you for the following:

Externa	li parasite ti	eatment of	your per	11 It 18 IOU	nu necessar y
Spay on	any animal	found to h	e in heat.	. pregnant	or overweigh

		Patient Name: Breed, Gender, Age:	
Phone numbers where I can	be reached <u>on procedure day</u> :		
Home:	Work:	Cell:	
First name. Last name	Signature	Date	Email Address