



## Sun City Animal Hospital Consent for Anesthesia and Dentistry

**OWNER'S NAME:** \_\_\_\_\_ **PET'S NAME:** \_\_\_\_\_

Pet Insurance Provider: \_\_\_\_\_ Would you like to talk about pet insurance options? Yes / No

Phone number where you can be reached during the day: \_\_\_\_\_

Email where we can send information about your pet's dental procedure: \_\_\_\_\_

*Please check this email prior to picking up your pet.*

Procedure: \_\_\_\_\_

**Please review the following consent. If there are any questions, please ask the receptionist or doctor.**

**I am the owner/agent and have the authority to authorize consent for the above pet.**

I agree that after consultation with me, the hospital's doctors may prescribe medication to treat, hospitalize, sedate, anesthetize, and/or perform surgery on this animal. I understand that some risks 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 is initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, the hospital staff has my permission to provide such treatment and I agree to pay for such care. Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held responsible provided reasonable care and precautions are followed.

I realize that results cannot be guaranteed and all charges are to be paid in full when my pet is released from the hospital.

I authorize members of Sun City Animal Hospital staff to administer medications/treatments to my pet(s) based on the veterinarians' instructions.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours.

**PRE-ANESTHETIC TESTING:** We will perform a complete physical examination before anesthetizing your pet. However, many conditions including disorders of the liver, kidneys, pancreas, or blood can only be detected through additional testing. We require that all anesthetic cases have preliminary bloodwork within 3 months of their anesthesia, to evaluate if any of these disorders exist.

Our hospital is fully equipped to perform a blood chemistry panel and complete blood cell count. Results will be immediately available prior to anesthesia and/or surgery.

**EXTRACTIONS:** Full mouth radiographs will be taken, and the doctor will perform a complete oral exam. Depending on the health of your pet's teeth, extractions may be necessary. These costs are additional.

**PLEASE INITIAL ONE OF THE STATEMENTS BELOW:**

\_\_\_\_\_ I authorize extractions based on the discretion of my veterinarian.

\_\_\_\_\_ I would like my veterinarian to call me at the phone number listed above before extracting any teeth. I understand if I cannot be reached at the above number within 15 minutes from the first attempt, my pet will be woken up to avoid excessive time under anesthesia, and any extractions that are needed must be re-scheduled.

\_\_\_\_\_ I do not authorize any extractions at the time of this dental prophylaxis.

**ANTIBIOTIC GEL TREATMENT:** Today, your pet will have a thorough oral exam conducted by a veterinarian. When an animal has gum disease the supporting tissue and bone is destroyed, forming "pockets" around the teeth. As the bacteria continues to grow in the pockets, the infection may spread to the structures that keep the teeth anchored in the mouth. As part of the dental exam, your pet's pocket depths will be measured. These pockets will be deep cleaned and if the pockets are severe, an antibiotic gel is recommended to be placed in the pocket to aid in the killing of bacteria and aid in the healing of the pocket, with the goal of preventing future tooth loss. The cost of this treatment is an additional **\$153.00**

\_\_\_\_\_ **Yes**, please provide antibiotic gel treatment if recommended by the doctor.

\_\_\_\_\_ Please call me before applying gel treatment with an estimate.

\_\_\_\_\_ **No**, do not treat my pet with antibiotic gel.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_