

Pre-dentistry with anesthesia consent form

To offer your pets the best and safest technology available we are now able to do blood chemistry testing in our laboratory. This is an optional service for pets scheduled for elective surgery. The tests usually can be done the same day of a surgery or procedure where anesthesia will be performed.

These recommendations closely follow the guidelines proposed by anesthesia specialists and university veterinary hospitals. There are 3 categories for most apparently healthy animals.

1. Young animals: less than 3 years. A prep-screen blood chemistry panel and a PCV (anemia test) are a very good idea.
The cost is \$47.00
2. Middle age animals: 3 to 7 years old. A prep-screen blood chemistry panel and a PCV (anemia test) are strongly recommended.
The cost is \$47.00
3. For animals 8 years or older: A more complete diagnostic blood chemistry panel and either a PCV or a complete blood count. The cost is \$69 for a complete chemistry and PCV. Further tests may be indicated from findings or the specific pet's condition.

I WANT the tests

I do NOT want the tests

A dental Prophylaxis is scaling and polishing the teeth under general anesthesia. This is performed under the direct supervision of a veterinarian. Any problems are charted and evaluated for further treatment.

If dental x-rays are needed to assess a problem area would you like them to be taken on this visit? Yes___ No___ Call first___

If we find any severely diseased, abscessed or loose teeth do we have your permission for extractions?
Yes___ No___ Call first___. Note that dental extractions are considered oral surgery and will be performed by a veterinarian.

If we find diseased teeth that might be candidates for restoration by a specialist would you like a referral?
Yes___ No___ Examples might be finding a fractured crown where the tooth may cause an abscess unless a root canal is performed to save the tooth.

Would you like us to treat the teeth with OraVet and send home a take home pack for you to apply weekly? Yes___ No___ For more information on OraVet see: <http://www.oravet.us.merial.com>

Signature _____ Date _____

Standard Consent Form

To: Mt. Hope Veterinary Hospital and Dr. Margaret Berry or Dr. Stephen Sage or Associate veterinarian

Name _____ Name of animal _____
Address _____ Species _____ Age _____ Sex _____
Breed _____

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operations(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.

I have read and understand this authorization and consent.

_____ Date

_____ Signature of Owner or Agent

_____ Witness to above signature
(Usually the admitting veterinary assistant)