

Consent for Dental Prophylaxis/Anesthesia

| Client's Name: |
|--|
| Pet's Name: |
| Phone Where I Can Be Reached Today: |
| By signing this form, I authorize Riverside Park Veterinary Clinic to perform anesthetic and denta procedure(s) for my pet. I understand that some risk always exists with any anesthetic procedure, and that I am encouraged to discuss any concerns that I have regarding those risks with the attending veterinarial before the procedure(s) is/are initiated. My signature on this form indicates that any questions that I have regarding this procedure, its risks, its complications, and its fees have been answered to my satisfaction addition, should life saving emergency care be required, I authorize Riverside Park Veterinary Clinic that tempt to stabilize my pert at my expense. |
| DENTAL CLEANING AND EXTRACTIONS: In cleaning the teeth of pets, damaged and/or diseased teeth are often discovered that can have a negative impact upon the health of your pet beginning with mouth pain and infection, and ultimately leading to damage to the kidneys, heart, or other organs. During anesthesia, damaged/diseased teeth will be indentified and appropriately charted in your pet's dental record. It is usually to your pet's benefit to have these damaged/diseased teeth removed as soon as possible. By signing this form you indicate that you understand that the extraction of these teeth will result in additional charges above and beyond the original charge of the dental prophylactic cleaning. These charges are based on the size of the toot involved and the level of difficulty in extraction. In addition, if dental disease is indentified and/or extractions occur, medications may be prescribed for home administration following the procedure. □ I authorize any extractions deemed necessary by the attending veterinarian with the understanding |
| that additional charges will be incurred at a minimum of \$7.00 per extraction and a maximum of \$50.00 per extraction. (Charges vary based on the size of the tooth and difficulty in extraction). |
| ☐ I authorize no more than teeth be extracted, or a maximum of \$ on my invoice |
| ☐ I decline all extraction, understanding that unresolved dental disease might place my pet's health a risk. |
| PAIN MANAGEMENT/ANTIBIOTICS: Safety and pain control are our highest priorities for your pet. ANY surgical procedure, including denta extraction, involves pain and therefore, pre and/or post operative pain medication is given to animal undergoing dental extractions. This is provided at no additional cost to the client. In severe case (multiple extractions, or other procedures), we may recommend that additional pain control be continue at home. |
| Dental cleaning, even on a pet with a relatively healthy mount, releases a large amount of bacteria into the ploodstream of the pet. To help prevent systemic infection, and injection of antibiotics will be given to your pet at no additional cost. In cases of periodontal disease, we will often recommend additional antibiotics to be given at home. Please ask our staff about the pain control and antibiotic protocols for your pet and the expense involved. |
| (initials |

PRE-ANESTHETIC LAB WORK/IV FLUIDS:

Riverside Park Veterinary Clinic recommends that any animal undergoing anesthesia have a preanesthetic blood panel. This panel tests for anemia, for liver function, and for kidney function. The liver and kidneys are responsible for clearing anesthesia from the body, allowing that animal to wake up again. An anemic animal has a decreased ability to transport vital oxygen while under anesthesia. In the event that your pet's blood work is abnormal and we are concerned with anesthetizing your pet, we will contact you.

| ☐ Please perform a pre-anesthetic blood pane | el on my pet at a cost of \$15.00 |
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| ☐ I decline pre-anesthetic lab work today. I acco | ept the additional risk to my pet. |
| toxins and bacteria released into the body during the | tal procedure to help the pet's body process and flush process. This is especially important in aged pets, or betes, heart murmur, and renal or liver disease, where pet. |
| ☐ Please place an IV catheter and administer | fluids to my pet at a cost of \$45.00 |
| ☐ I decline IV catheter and fluids today. I accept | ot the additional risk to my pet. |
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