

Permission for Anesthesia with Dentistry

Name _____ Pet _____

Pet's Medical History

Approximate Age _____

Is your pet currently on any medications?

Yes No If yes, _____

Has your pet had any medical problems? Allergies to medications?

Yes No If yes, _____

Special Precautions

Quality dentistry requires a light plane of general anesthesia for which we want to make sure our patients are in good health. We perform an examination on all patients before they are anesthetized. We also run an EKG to assure that the patient's heart is healthy. We strongly recommend a blood test that includes kidney and liver function tests, a glucose level, a blood count, and a total protein level. Test results are available within minutes.

Pre-Anesthesia Blood Test: I ACCEPT REFUSE the screen at a cost of \$ _____
(Required if greater than 6 years of age) (initials)

Have you received an estimate for today's procedure? YES NO

Does your pet need a MICROCHIP today? YES NO

Release Statement

I hereby consent and authorize Lansdowne Veterinary Clinic to anesthetize my pet for dental treatment. I understand that there is no way to totally eliminate the risk of anesthesia but I understand that the shallow depth of anesthesia used in dental procedures will reduce the dangers involved in anesthesia. However, I am aware of and accept that there is always some risk inherent in any anesthesia administration.

I understand that complications are possible even though good veterinary judgement is exercised and agree to pay for the cost of any emergency complications which may arise. Non-emergency complications will be discussed with and approved by me in advance.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication.

Signed: _____ Date: _____

Phone: _____

Phone: _____