

Los Osos Pet Hospital
Dental Pre-Anesthetic Consent Form
Please read carefully and sign.

| | | | |
|--------------|----------------|---------------------|------------|
| _____ Client | _____ Pet Name | _____ Age or D.O.B. | _____ Date |
|--------------|----------------|---------------------|------------|

Because there is always the possibility that a physical exam alone will not identify all of your pet's potential health problems, we **strongly recommend** that a pre-anesthetic blood profile (a combination of blood tests) be performed prior to anesthesia. The tests we recommend are similar to and equally as important as those your own physician would run if you were to undergo anesthesia. It is important to understand that a pre-anesthetic blood profile does not guarantee the absence of complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that require medical treatment in the future.

PLEASE INDICATE YOUR CHOICE BELOW BY INITIALING THE APPROPRIATE BOX:

| | | |
|--|--|-----------------------|
| _____ Pre-Anesthetic Profile #1 | *Recommended for pets Less than six (6) years old.* | Cost: \$64.50 |
| ALT (Liver) | BUN (Kidneys) | Glucose (Blood Sugar) |
| PCV (Anemia) | Total Protein (Hydration) | |

| | | |
|--|---|---------------------------|
| _____ Pre-Anesthetic Profile #2 | *Recommended for pets Over six (6) years old.* | Cost: \$91.00 |
| ALT (Liver) | BUN (Kidneys) | Glucose (Blood Sugar) |
| ALKP (Liver) | Creatinine (Kidneys) | Total Protein (Hydration) |
| CBC-Complete Blood Count (Anemia, Infection, Blood Clotting) | | |
| Electrolytes (Sodium, Potassium, Chloride) | | |

| | | |
|--|--|------------------|
| _____ Pre-Anesthetic Profile #3 | *Recommended for pets Ten (10) years of age or older .* | Cost: \$119.00 |
| <i>Includes all of the above tests, and:</i> | | |
| Albumin (Protein) | Phosphorus (Kidneys) | Calcium (Tumors) |
| Total Bilirubin (Liver) | Amylase (Pancreas) | Cholesterol |

_____ **I decline** the recommended pre-anesthetic blood profile at this time and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia.

Intravenous Catheter and Fluid Support

We recommend an IV catheter and fluid support during anesthetic procedures to support adequate blood pressure, prevent dehydration, and give our staff rapid intravenous access in case of an emergency. If at any time you need an estimate for the costs of these services, please feel free to ask any one of our staff to provide you with one.

| | |
|--|---|
| _____ Please provide IV catheter & fluid support. (0-20lbs - \$95.10) (20lbs+ = \$105.10) | _____ I wish to Decline IV catheter & fluid support. |
|--|---|

Supplemental Pain Control

One of our primary goals is to be as proactive as possible with our surgical patient's comfort. We want each of our clients to know that we will send home additional pain control with each and every patient that your pet's doctor feels may need it in the days following their procedure. If at any time you need an estimate for the costs of your pet's pain control supplementation, please feel free to ask any one of our staff.

Initial _____

Tooth Extractions

In many instances we find problems with a patient's teeth, during their dental cleaning, that were previously unidentified. In some of these cases (fractures, abscesses, lesions, etc.) the doctor may recommend extracting these teeth in the interest of your pet's overall oral health. Please indicate which course of action you would prefer us to take if we are presented with a tooth or multiple teeth that need to be extracted. We will be happy to provide you with an estimate for these services at your request.

- | | |
|---|--|
| <input type="checkbox"/> Please proceed with any extractions that the doctor feels are in the best interest of my pet's oral health. | <input type="checkbox"/> Please contact me by phone at the number I have given, during the procedure, and update me if any extractions are needed. ** I understand that if I am unreachable during my pet's procedure I give the doctor permission to proceed as he/she feels is medically necessary.** |
|---|--|

_____ Signature of Owner

_____ Phone Number(s) I Can Be Reached At Today