

**ARGUELLO PET HOSPITAL**  
Authorization and Consent for Anesthesia/Dental

Owner's Name \_\_\_\_\_ Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

**Today's phone Number** \_\_\_\_\_ **Would you like a text/photo to your cell phone post**

**procedure? Yes / No**    **Cell number?** \_\_\_\_\_

**Can we use your pet's photo on our Facebook/Social Media campaign? Yes No**

**If we do not already have your email address, you can provide us with one for reminders about your pet. Email address:**

Are there any other procedures you would like done while your pet is here today?

Yes (If yes, what? \_\_\_\_\_ )

No

Would you like a complimentary nail trim?

Is your pet acting normal?

Yes

No (Why not \_\_\_\_\_ )

**When did your pet last eat?** \_\_\_\_\_ )

Has your pet been medicated today?

Yes (If yes, what/when \_\_\_\_\_ )

No

Would you like an estimate of the cost for the anticipated procedures?

Yes

No

I have already received an estimate for today's procedure and it was \$ \_\_\_\_\_ .

**BLOOD WORK CONSENT**

We recommend those pets undergoing anesthesia have basic blood work performed prior to the procedure.

1. In apparently healthy, young pets, we suggest a basic blood panel to check for anemia, diabetes, total red cell volume, electrolytes and kidney function. The cost is \$ 86.00.
2. In dogs and cats seven and older, giant dogs over five years of age and pets with medical/surgical problems, we recommend a more comprehensive preanesthetic blood panel to assess red and white cell count, platelet count, liver and kidney functions, electrolytes and blood sugar. The cost is \$174.00

**Please check one:**

Yes, I would like to do these tests on my pet before anesthesia

No, I decline the recommended blood work

Blood work has already been done

**ANESTHESIA SUPPORT (IV CATHETER)**

We recommend that all pets that will be anesthetized have an intravenous catheter and receive intravenous fluids during the anesthesia, dental/surgical procedure and recovery from the anesthesia. Having a catheter placed in a vein before the induction of anesthesia allows us to treat any unforeseen complications that may arise during the procedure, ie, hypotension (low blood pressure), cardiac

**PLEASE TURN OVER**

arrhythmias (irregular heart rate), unusual amount of pain, etc. The administration of fluids during the anesthesia/procedure hastens the recovery process and helps maintain normal blood pressure. **We will need to shave the leg for catheter placement. The cost for this support is included.**

**Do you understand anesthesia support? Yes No**

To detect dental disease below the gum line, we recommend whole mouth x-rays. This would include unlimited dental x-rays.

**Do you consent to whole mouth x-rays? Yes No** Cats & Small Dogs \$105. Dogs over 30lbs \$131.

**May we extract diseased teeth? Yes No** **If needed, and you have not consented to whole mouth x-rays, may we X-ray the teeth? \$37.00 per x-ray. Yes No**

**If we feel it optimal for a veterinary dentist to manage you pet's dental disease, would you like a referral? Yes No**

**Have the risks of anesthesia been explained to you? Yes No.**

**Do you understand the risks? Yes No**

### **MICROCHIP**

Would you like to have a **MICROCHIP** inserted under the skin, between the shoulders, for permanent identification? The cost is \$68.00 for the microchip **and registration**. If your pet is lost, your pet could be identified with the microchip and easily be returned to you.

Yes  No

### **POST-EXTRACTION LASER TREATMENT**

Post extraction laser treatment is a new service at Arguello Pet Hospital. After the gingival/gums are sutured, a laser (high frequency light) therapy unit is used to treat the incision. It has been shown to reduce post-extraction inflammation, hasten healing and reduce extraction pain. The cost is \$21.00

Yes  No

I am the owner, responsible agent for, or authorized agent of this pet. I understand the nature of the procedure(s), that there are risks involved with anesthesia, surgery/procedure and or dental prophylaxis. I understand that sedation and/or general anesthesia may be necessary to perform the scheduled procedures and to insure the safety of pets and employees. I authorize the veterinarians and the staff of Arguello Pet Hospital to perform all procedures as set forth above, including anesthesia, surgery, dental prophylaxis, medical services, treatments, laboratory tests, x-rays and medications. Further, in case of an emergency, I consent to any procedure deemed necessary and desirable in the attending veterinarian's professional judgment in order to address the unforeseen emergency. I understand that an attendant is not on the hospital premises 24 hours per day.

**I AGREE TO PAY IN FULL FOR ALL SERVICES PERFORMED, INCLUDING THOSE DEEMED NECESSARY FOR MEDICAL OR SURGICAL COMPLICATIONS AND/OR UNFORESEEN CIRCUMSTANCES.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_