



The Standard of
Veterinary Excellence

Mechanicsville Animal Hospital

Dental Anesthesia Consent Form

Client ID

Patient Name

Procedure(s)

Please initial

As the owner/authorized agent for the above named patient, I give consent for Mechanicsville Animal Hospital to induce and maintain anesthesia for the scheduled procedure. I understand and accept that there is risk associated with any anesthetic procedure and authorize the attending DVM to proceed as necessary should any complications occur.

APPROVE

DECLINE

To help minimize anesthetic risk, a pre-anesthetic blood panel is highly recommended. This blood panel helps to assess internal organ function and can highlight issues not detectable with a physical examination. **I approve this blood panel and understand that it is an additional cost of \$58.00**

APPROVE

DECLINE

An intravenous catheter allows for rapid administration of emergency drugs should any anesthetic complications occur. It also allows for the administration of intravenous fluids which help maintain adequate blood pressure and circulation to vital organs during anesthesia. **I approve the placement of an intravenous catheter and understand that it is an additional cost of \$58.00**

APPROVE

DECLINE

Microchips are an important part of pet ownership. In the event your pet becomes separated from you, any shelter or veterinary facility has the ability to scan for microchip information. We recommend that all pets be microchipped. **I approve the placement of a microchip and understand that it is an additional cost of \$45.50.**

APPROVE

DECLINE

Dental radiographs are an important part of evaluating your pet's overall dental health and are a strongly recommended component of any dental procedure. They assist in evaluating current problems and highlighting areas of potential concern. **I approve full mouth dental radiographs and understand that they are an additional cost of \$101.20.**

Please read the below consent regarding your pet's dental cleaning

In the event we find teeth that need to be extracted during your pet's dental cleaning, we will attempt to reach you at the contact number given. If we are unable to reach you in a reasonable amount of time we:

_____ **DO** have permission to proceed with recommended extractions. I am aware there are additional costs associated with extractions above the cost of a routine dental cleaning.

_____ **DO NOT** have permission to proceed with recommended extractions. I understand this may result in follow-up visits and/or additional anesthetic procedures to address unresolved issues.

Signature

Date

Contact Number