



ANESTHETIC DENTAL AUTHORIZATION FORM

Please fill this form out to the best of your knowledge. Please ask the technician for any pricing information.

Client Information

Name: _____
Address: _____
Cell phone: _____
BEST Client Contact Number: _____

Patient Information

Name: _____ Species: _____
DOB: _____ Sex: _____
Date of procedure (s): _____
Procedure(s) scheduled/requested: _____

History

Known medical issues: _____

Vaccine reactions?: No / Yes...If known, which vaccine(s)? _____

Anesthesia reactions?: No / Yes...If known, which anesthetic(s)? _____

Vaccine/Test history: Unless waived by your Veterinarian, surgical patients must be current on ALL required vaccinations, have up to date test results (heartworm test for dogs, FIV/FelV test for cats), and be free of fleas/ticks. If not current, the patient will be treated on admission at your expense.

Please bring/email your pet's vaccine history if they were completed at another clinic.

- **Vaccines required:** DOGS: Rabies, DHPP, Bordetella / CATS: Rabies, FVRCP **Individual vaccine costs vary**
- **Tests required:** DOGS: Heartworm test (within the last year) / CATS: FIV/FelV test (at doctor discretion) **\$40**

Additional Services/Requests:

Anesthetic Dental Price includes the following:

IV catheterization, IV fluids, full anesthetic monitoring (SpO2, blood pressure, CO2, HR, RR, BP, ECG, temperature), antibiotic injection, pain medications to go home, antibiotic, dental scaling and polishing.

Dental extractions are an additional cost (price is based on the type of tooth removed).

Please circle your preference for the below recommended treatments, then initial each option on the dotted line.

----- **Bloodwork:** None / Pre-op panel / Comprehensive panels via Antech Lab (ask your surgery tech how this panel can help save your pet's life!)

----- **Nail trim:** None / Nail trim / Nail Dremel

----- **Would you like to meet the Doctor?:** No (I have already met my Doctor/I do not wish to meet my Dr.) / Yes

----- **Vaccine/Test Requirements:** I understand that surgical patients must be current on ALL required vaccinations, have up to date test results, and be free of fleas/ticks. If not, the patient will be treated on admission at my expense.

----- **Special requests:** Please list here: _____

Dental Extractions: I understand that painful or diseased teeth may need to be surgically extracted during the dental procedure. I agree to the following option regarding dental extractions: *(please initial one option below)*

----- Please perform dental extractions as deemed necessary by the doctor. I understand that I will be responsible for the cost of any necessary extractions.

----- Please contact me at the above listed contact for approval PRIOR to dental extractions to discuss the cost and number of extractions required. I understand that if I fail to answer/respond in a timely manner with consent, the doctor will not be able to remove the diseased teeth.

By signing below, I as the owner/patient representative agree to and understand the following:

- I authorize the above requested/required medical and surgical procedure(s).
- I understand the risk(s) associated with said procedure(s).
- I authorize the medical staff to provide services in an emergency for the well-being of my pet.
- I release the professional staff at Premier Vet Care from any and all claims.
- I agree to pay in full for all treatments at the time of completion.

Owner Signature: _____ Date: _____

Technician Signature: _____ Date: _____