



## ANESTHETIC DENTAL AUTHORIZATION FORM

Please fill this form out to the best of your knowledge.

### Client Information

Name: %%clients.first name%% %%clients.last name%%

Address: %%clients.street address 1%% %%clients.city%% %%clients.state abbrev%% %%clients.zip/postal code%%

Cell phone: %%clients.home phone%%

**BEST Client Contact Number:** \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_ Species: %%patients.species%%

DOB: %%patients.birthdate%% Sex: %%patients.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 (based on the type of tooth removed- **\$15-\$50/tooth**).*

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

\_\_\_\_\_ **Bloodwork:** None / \$75 pre-op panel / \$195 Comprehensive panels via Antech Lab (ask your surgery tech how this panel can help save your pet's life!)

\_\_\_\_\_ **Nail trim:** None / \$14 Nail trim / \$30 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: \_\_\_\_\_