



ANESTHETIC DENTAL AUTHORIZATION FORM

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

Client Information

Name: _____

Address: _____

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 (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 / \$80 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: _____