

**ANGEL ANIMAL HOSPITAL
3003 STRAWBERRY RD.
PASADENA, TEXAS, 77502
(713) 944-2424**

Anesthesia/Dental Consent Form

Date: _____ Procedure: _____

Client Name: _____ Pet's name: _____

Your pet will be undergoing general anesthesia plus a dental procedure today. Your signature below authorizes anesthesia for the purpose of the procedure to be performed at Angel Animal Hospital. All reasonable precautions against injury, escape, or destruction of the animal will be taken, and neither Angel Animal Hospital nor the attending veterinarian will be held liable or responsible in any matter whatsoever, or any circumstances, on account of the care, treatment, or safekeeping of the animal described above, or otherwise connection therewith, as it is thoroughly understood that you assume all risks. Specialists are available for more complicated non-elective surgical cases. Your signature authorizes surgery to be performed at Angel Animal Hospital, understanding the possibility of complications.

If fleas are found upon entering the hospital, an inexpensive pill will be given to kill the fleas.

In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of several tests, which will check presence of infection, blood glucose, kidney and liver enzymes, and other systems. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. We highly recommend a blood profile for geriatric animals (animals older than 6 years). There is an additional charge of \$69 for these blood tests.

I DO _____ DO NOT _____ wish to have the pre-surgical blood work run today. (Please initial.)

OraVet is a sealant that can be applied to your pet's teeth in order to prolong the life of the dental. It is an alternative to brushing, and prevents tartar from building up as quickly on the teeth. The initial base coat is applied with the procedure (additional charge of \$16). A take home kit is dispensed at discharge to start two weeks later (additional charge of \$36.50).

I DO _____ DO NOT _____ wish OraVet to be applied and dispensed for my pet. (Please initial)

Dental procedures frequently include the removal of loose or infected teeth (additional charge). Please discuss any concerns over dental extractions prior to dental procedures.

I DO _____ DO NOT _____ authorize extraction of any tooth as deemed necessary by the veterinarian. (Please initial)

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If extractions are performed, a pain injection will be given (additional charge dependent on the pet's weight).

Dispensed, oral pain medications for longer-term pain control at home are also available and often recommended at the doctor's discretion. The cost of oral medication dispensed for 5 days will be \$10-\$25 for most pets depending on the weight.

I DO _____ DO NOT _____ wish to have dispensed, oral pain medications. (Please initial.)

How many hours has it been since your pet had food? _____ Hrs. Water? _____ Hrs.

Signature _____

Contact Phone Number _____