

Finn Hill Animal Hospital Dental Anesthesia Form

Owner's name: _____ Pets name: _____

I am the owner\agent of the animal described above. I give Finn Hill Animal Hospital permission to perform anesthesia and the following procedures:

Dental

While there are risks associated with general anesthesia, be assured that Finn Hill Animal Hospital will take every precaution to minimize risk by always performing the following:

- ❖ Physical exam prior to anesthesia.
- ❖ Multi-parameter monitoring (blood pressure, EKG, CO2, Heart/respiration /temp.)
- ❖ Intravenous (IV) catheter and fluid therapy.
- ❖ Preoperative and postoperative pain control injections.
- ❖ Endotracheal intubation and Oxygen therapy.
- ❖ Injectable and inhalant (Isoflurane or Sevoflurane gas) anesthetics based on pet's age and specific medical needs.

I understand the following additional procedures are optional, but highly recommended: (put a circle on your choice)

- | | |
|--|------|
| ❖ Preoperative blood work \$129 | Y N. |
| ❖ Microchip \$50 | Y N. |
| ❖ Simparica Trio (dogs) or Revolution (cats) | Y N. |
| ❖ Fecal exam \$45 | Y N. |
| ❖ Heartworm test for dogs \$79.50 | Y N. |
| ❖ FeLV/FIV test for cats. \$89.50 | Y N. |
| ❖ Dental X-Rays (recommended) \$120 | Y N. |
| ❖ Will you be needing a cone if necessary | Y N. |

It is important that we have a phone number where you can be reached if consultation is necessary while your pet is under anesthesia: Phone number: _____

If you can't be reached, do you want the veterinarian to proceed at his / her own discretion? Y N.

Does your pet have any history of SEIZURES? Y N.

I hereby authorize Finn Hill Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I also authorize the hospital staff, in an emergency situation, to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further communication with me. I have been given an estimate if needed and understand that it is an approximation of planned procedures and the final bill may be more or less than this amount. I understand that I assume financial responsibility for all services rendered.

Owner's signature _____ Date: _____