



Blue Skies Veterinary Hospital

Serving with honesty, dedication and compassion

Dental Procedure Consent Part A

Owner: _____ Pet: _____

Phone number where you can be reached: _____

Items left with patient: _____

Additional procedures: _____

Consent for General Anesthesia and Dental Procedures:

I have been given an explanation and understand the nature of the dental procedure and the risks involved. I also understand that there are risks associated with anesthesia. If unforeseen conditions or complications arise during the procedure, Blue Skies Veterinary Hospital will attempt to contact me. If I cannot be reached I give my consent for Blue Skies Veterinary Hospital to take the steps necessary in the best interest of my pet.

The degree of dental disease cannot be fully assessed until my pet is under anesthesia. At that time diseased teeth are often found and may need additional treatment or extraction; often X-Rays are needed to make these treatment decisions. The approximate costs for these procedures are:

Major tooth extraction: \$33.00. Minor tooth extraction: \$14.00. Surgical tooth extractions may exceed \$100.00. Periodontal Treatment \$24.00-85.00 Dental X-Ray Series (unlimited number): \$74.00

I authorize x-rays, treatment and/or extraction of diseased teeth if the doctor feels these are appropriate. **Accept**_____ **Decline**_____ **Call First** _____

I understand that if I decline tooth extractions and dental x-rays or if the doctor is unable to reach me at the above number(s), a second anesthetic procedure may be necessary to address these problems.

Signature: _____ Date: _____

~Please complete opposite side of this form~

Verified by (staff initial) _____

Consent

Part B

Please indicate if you would like any of the following performed:

Pre-anesthetic Blood Screen (\$52.00): *A minimum recommended for all pets undergoing anesthesia.*

Helps detect underlying conditions that might increase the risk of anesthesia or surgery. If there are abnormalities, the veterinarian will contact you prior to anesthesia and appropriate steps will be taken to ensure the safety of your pet.

Accept _____ Decline _____

OR

Complete Blood Panel (\$98.50): *Recommended for pets 7 years and older.*

This blood panel is more comprehensive than the pre-anesthetic blood screen and can detect a more complete range of age-related problems.

Accept _____ Decline _____

Subcutaneous Feline (\$15.00) Canine (\$21.00) or Intravenous Fluids (\$49.00):

Depending on age, state of health, and length of procedure, your pet may benefit from fluid therapy. Fluids help protect your pet's kidneys shorten recovery time after anesthesia. If your veterinarian feels fluids are indicated, may we administer fluids to your pet?

Yes _____ No _____

DATAMARS Identification Microchip (\$42.00) *Recommended for all pets.*

This chip is implanted under the skin between the shoulder blades, It allows veterinary hospitals and shelters to identify your pet if lost or stolen. Identification is done via a special scanner which reads the chip and displays your pet's unique ID number. Our fees cover the cost of the chip, implantation and registration.

Accept _____ Decline _____

Routine treatments performed during anesthesia receive a \$5 discount for each procedure.

Trim nails _____ Clip matts _____ Express anal glands _____

Clean ears _____ Pluck ears _____

Other Requests – Please Specify _____
