

Cottonwood Small Animal Clinic
530-347-3706

Dental Anesthesia/Surgery Consent Form
{CURRENTDATE[LONG]}

Client Name: {FULLNAME}

Patient ID: {PATIENTID}
Name: {NAME}

As the owner/agent of the above animal, I hereby give authorization to Cottonwood Small Animal Inc, to perform the needed surgery. I understand that during the performance of the needed procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set. I expect CSAC to use reasonable care and judgment in performing such procedures. The nature and risk involved have been explained to me and I realize that results can not be guaranteed. I am also aware that unforeseen events resulting from the procedures will NOT relieve me from any obligation to all reasonable costs incurred regarding the animal. Below are some blood tests that 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.

BE ADVISED: If your pet is found to have external parasites such as fleas or ticks, it will be treated in the hospital at your cost (\$8-\$30) depending on weight of the pet and product used by the doctor.

We highly recommend a blood profile for geriatric animals (animals older than 5 years).

There is an additional charge for these blood tests. We hope you understand the need for these important tests.

- | Accept | Decline |
|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Pre-surgical safety check (115\$) This is blood work to check for anemia, infection, and liver and kidney function. Just as if you go to the hospital, the doctor uses blood results to determine proper anesthetic. It is highly recommended on all pets going under anesthesia. |
| <input type="checkbox"/> | <input type="checkbox"/> Canine Heartworm/Tick Born Disease 4DX test (\$57) or Cat FIV/FeLV w/ HW test (\$64), if your pet is not on an antiparasitic for heartworm prevention and has parasites, then anesthesia could put your pet at an elevated risk. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> IV catheter w/ fluid therapy -by allowing us to place an IV catheter this gives our doctors access to a vein in case of an anesthetic emergency. It is necessary to help stabilize blood pressure and eases the recovery process by keeping your pet hydrated (included). |
| <input type="checkbox"/> | <input type="checkbox"/> I request pain medication to be sent home in the form of liquids or tablets. (\$30-\$40) Pain management is very important in the healing process of your pet. We encourage owners to continue pain management at home. |
| <input type="checkbox"/> | <input type="checkbox"/> Laser Therapy Session \$13 . This simple 5 minute laser session helps stimulate wound or incision healing post op. Not an option for mass or tumor removals. |
| <input type="checkbox"/> | <input type="checkbox"/> Routine Vaccinations & Other Services:
Dog: <input type="checkbox"/> Rabies \$31 , <input type="checkbox"/> DHLPP \$44 , <input type="checkbox"/> Rattlesnake \$48 , <input type="checkbox"/> Bordetella \$41 , <input type="checkbox"/> Influenza \$48
Cat: <input type="checkbox"/> Rabies \$31 , <input type="checkbox"/> FVRCP/FeLV \$52 |
| <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> Nail Trim \$9 <input type="checkbox"/> Microchip \$50 <input type="checkbox"/> E-Collar \$13 |
| <input type="checkbox"/> | <input type="checkbox"/> Dental X-rays \$90 . This helps the doctors evaluate the overall health of the mouth beneath the surface. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Dental extractions, if deemed necessary by the attending veterinarian for your pet's health and well-being. I understand that re-occurring dental prophylaxis may need to be done on my pet every 6 months; this can be due to poor genetics and/or poor dental confirmation. If extractions are necessary, your pet will receive a tooth root nerve block at the cost of \$11 . |
| <input type="checkbox"/> | <input type="checkbox"/> In the rare case of an emergency, I give CSAC staff authorization to perform any and all emergency care necessary and understand that additional cost will apply. (DNR or do CPR?) |
| <input checked="" type="checkbox"/> | I acknowledge that if my pet is found to have external parasites such as fleas or ticks it will be treated in the hospital at my cost. (\$10 Capstar ONLY) |

Today's Phone Number: _____ **Checked in by:** _____

Client Signature: {CLIENTSIGNATURE}