

Cottonwood Small Animal Clinic
530-347-3706

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

Patient ID: {PATIENTID}

Client Name: {FULLNAME}

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

- ☐ Starting price of our Dental is **\$625**. Special is \$100 off the Dental which would make the dental **starting at \$525.** Extractions are additional & priced by difficulty & number of extractions.
- ☐ Pre-surgical safety check (**\$134**) 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.
- ☐ Canine Heartworm/Tick Born Disease 4DX test (**\$67**) or Cat FIV/FelV w/ HW test (**\$76**), if your pet is not on an antiparasitic for heartworm prevention and has parasites, then anesthesia could put your pet at an elevated risk.
- ☒ 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**).
- ☐ 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.
- ☐ Laser Therapy Session **\$17**. This simple 5 minute laser session helps stimulate wound or incision healing post op. **Not an option for mass or tumor removals.**
- ☐ Routine Vaccinations & Other Services:
Dog: ☐ Rabies **\$35**, ☐ DHLPP **\$48**, ☐ Rattlesnake **\$55**, ☐ Bordetella **\$45**, ☐ Influenza **\$52**
Cat: ☐ Rabies **\$35**, ☐ FVRCP/FelV **\$57**
☐ Nail Trim **\$11** ☐ Microchip **\$55** ☐ E-Collar **\$14**
- ☐ I would like to be sent home with calming medications post-dental procedure. (\$30-\$60)
- ☐ Dental X-rays **\$150**. This helps the doctors evaluate the overall health of the mouth beneath the surface.
- ☒ 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 **\$15**.
- ☐ 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?)
- ☒ 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-\$11 Capstar ONLY**)

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

Client Signature: {CLIENTSIGNATURE}

" {NAME}" {LASTNAME} {ID} {SEX} {SPECIES}

Doctor that checked in patient: ☐ Weight:

Time I told owner for pick up: CPR/DNR

☐ Pre Med: _____ Time: _____

☐ Induction Drugs: _____ Time _____

☐ ET Tube _____

☐ Yes or No on IV Catheter, Size/Placement: _____

☐ Pain Meds:

☐

☐

☐

☐

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☐

☐

☐

☐

☐

☐ Pre SX Temp _____ Post SX Temp _____

☐ SX Start Time _____ SX End Time _____