

Lake City Animal Clinic
DENTAL AND ANESTHETIC CONSENT FORM

Client's name: _____ Pet's Name: _____

Date of Procedure: _____ Procedure to be performed: _____

Has your pet ever had a seizure? **YES** **NO**

Has your pet eaten in the last 12 hours? **YES** **NO**

Does your pet have any known allergies? **YES** **NO** - If yes, what? _____

Is your pet on any current medications? **YES** **NO** - If yes, what? _____

Is your pet experiencing any problems you would like a doctor to examine? _____

Additional Services Requested (please check all that apply):

- Microchip:** While your pet is under anesthesia, a permanent I.D. chip can be painlessly implanted under the skin. **Cost: \$73.99** (includes registration fee)
- Fecal:** To prevent the spread of parasites to other pets and family members, we recommend testing a yearly fecal sample: **Cost: \$30.25**
- Heartworm Test:** If your pet has not been tested in the last 6 months and not currently on prevention, we recommend testing today. **Cost: \$38.00**
- Nail Trim:** We can trim your pet's nails while they are under anesthesia today.
- Vaccinations:** We require all pets to be up to date on vaccines (Rabies, distemper and bordetella for dogs and rabies and distemper for cats)
- OraVet Sealant Treatment- Cost: \$68.00**

This includes the initial treatment (\$33.00) and the 8 treatment refills to be applied at home (\$35.00). OraVet significantly reduces plaque and tartar formation by preventing bacteria from attaching to your pet's teeth. It creates an invisible barrier that prevents plaque and tartar forming bacteria from attaching to the teeth.

******Pre-Surgical Blood Screen:** Included with dental price. ****

Tooth Extractions for Feline and Canine patients (\$19.00-\$226.00) per extraction

By their very nature, pets' mouths are difficult to thoroughly examine while awake. For this reason, while under general anesthesia, he/she will be given an extensive oral examination. More severe disease than was initially determined may be found. Abscesses, loosened teeth, decay or periodontal disease may necessitate the extraction of teeth. **We will attempt to contact you before any extraction, however, if we are unable to reach you, we will proceed with extractions as necessary.**

I authorize the doctor(s) at Lake City Animal Clinic to perform the above anesthetic and surgical procedure(s) described above. I understand that some risks always exist with anesthesia and/or surgery ranging from post-op nausea to death and I am encouraged to discuss any concerns that I have. While I understand that all procedure(s) will be performed to the best of the abilities of the staff at Lake City Animal Clinic, I understand that there is not guarantee regarding the results that may be achieved. I also understand that all charges will be paid in full at the time of release.

Signature: _____ Date: _____

Contact Number(s): _____