

DENTAL PROCEDURE AUTHORIZATION

Owner _____ Pet's Name _____ Breed _____

Please read carefully.

Pre-Anesthetic Blood Profile

Your pet is scheduled for a procedure that involves anesthesia. Like you, our greatest concern is the well-being of your pet. Therefore, a Pre-Anesthetic Blood Profile is recommended to screen for kidney or liver problems and check for anemia. This Profile may greatly reduce the risk of anesthetic complications as well as identify medical conditions that could require treatment. There will be an additional charge of \$_____ for these tests.

Please initial next to one statement:

- Yes, I want a Pre-Anesthetic Blood Profile performed for my pet. _____
- No, I have been advised that pre-anesthetic screening is recommended for all anesthetic candidates. I feel I am making an informed decision and decline any pre-anesthetic screens for my pet. _____

Authorization for Extractions

Your pet is scheduled for a dental prophylactic cleaning procedure. An assessment of each of the teeth is made as part of the oral examination. Occasionally, teeth are found that should be extracted to improve and maintain the health of the mouth and the overall health of the pet. Severe gum and bone infection are the primary causes for this tooth loss. The decision to extract is made based on standard dental protocols.

Please initial next to one statement:

- I authorize the veterinarian to extract any teeth that cannot be saved. This decision is based on assessment of the tooth and the gum and bone disease involved. _____
- I wish to be contacted before any extractions of teeth. I understand that if I cannot be reached, the diseased teeth will not be extracted. _____

Extended Pain Management

If there are extractions, while recovering from anesthesia, your pet will receive an injection for pain relief. We recommend, for the comfort of your pet, that pain management be continued for three days after extractions or other oral surgery. There will be an additional charge of \$_____ for Extended Pain Management.

Please initial next to one statement:

- Yes, I want extended post extraction/oral surgery pain management (if needed) for my pet. _____
- No, I do not wish extended post extraction/oral surgery pain management for my pet. _____

Identification Microchip

A small microchip placed in your pet will help reunite you with your pet if lost or stolen. The cost of the chip and registering the chip number to you is \$_____

Please initial next to one statement:

- Yes, I want a Home Again Identification Microchip placed in my pet while under anesthesia. _____
- No, I do not want a Home Again Identification Microchip placed in my pet today. _____
- My pet already has an Identification Microchip. _____

Intravenous fluids may be administered intra-operatively at the Doctor's discretion.

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I also authorize the use of appropriate medications as indicated. I have been advised to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I agree to make payment in full for services rendered prior to my pet's discharge from Markham Animal Clinic, Ltd.

Signature _____ Date _____

I can be reached at the following telephone numbers between 8:30 am and 2:30 pm:
