

Animal Medical Center of Panola County
PO BOX 229
Carthage, TX 75633

Anesthesia/Surgery Consent Form
Dental

I agree to a dental cleaning performed under anesthesia at Animal Medical Center and to pay for these services. I understand that all precautions will be taken to ensure the well-being of my pet, but with anesthesia complications may arise.

I understand that my pet will be given an examination prior to anesthesia. I am also aware that a good physical examination does not always reveal abnormalities that can be detected by other methods (e.g. bloodwork). I am also aware that pre-anesthetic bloodwork is available and is recommended by the staff.

- I accept the staff's recommendation of preanesthetic bloodwork for an additional fee of \$70. There will be a shaved area for blood draws and catheters.
- I decline preanesthetic bloodwork against the staff's advice and realize that this statement is placed in the permanent medical file.

We also recommend the Porphyromonas vaccine, a vaccine against some of the bacteria responsible for tooth decay.

- I accept the staff's recommendation for the Porphyromonas vaccine for \$20.50
- I decline the staff's recommendation for the Porphyromonas vaccine.

Dental Extractions can be treated with a *Therapy Laser* which allows your pet to heal faster after extractions. This laser allows relief of pain through the release of endorphins and stimulates the injured cells to heal at a faster rate.

- I prefer the *Therapy Laser* be performed after surgery for an additional \$20.00.
- I decline *Therapy Laser* for my pet.

With routine teeth cleanings we also perform a thorough dental exam where we often find problems that need to be addressed such as tooth root abscesses, gingival erosion, loose teeth, and extractions. To prevent further infection, the Doctor may recommend antibiotics after dental care is provided. If extractions and/or antibiotics are recommended by the Doctor:

___ I accept the Doctor's recommendation for extractions and/or antibiotics

___ I decline the Doctor's recommendation for extractions and/or antibiotics

Daytime Phone # _____

Signature _____ Date _____

Technician _____ Date _____

Other procedures can be performed with less stress on your pet while he/she is under anesthesia. Some of these are listed below.

Additional Procedures

- | | |
|----------------------------------|---------|
| ___ Microchip Application | \$35.00 |
| ___ Express Anal Glands | \$15.00 |
| ___ Heartworm Test | \$30.00 |
| ___ FeLV/FIV/HW | \$39.00 |
| ___ Brush out/ Clip mats | \$20.00 |
| ___ Glaucoma Check (>5 yrs) | \$21.50 |
| ___ Hip X-rays (arthritis check) | \$90.50 |