

Kryder Veterinary Clinic

Dentistry Authorization Form

Please review the following so that we may better serve you.

We have , owned by , scheduled for a dental. This procedure requires general anesthesia. I understand there are potential complications, including death, associated with anesthesia. Systemic or metabolic problems may go undetected by a physical examination. For this reason, we recommend all anesthetic patients have blood work to evaluate major organ function prior to anesthesia. I, the undersigned owner or designated agent, hereby authorize the staff of Kryder Veterinary Clinic to perform the additional following procedure(s)_____*

I understand additional problems may be identified during the procedure, and I will be contacted to discuss further needed treatments. **In the event that I cannot be reached, anesthesia will be discontinued and additional recommendations will be discussed at discharge.** The additional procedures will then need to be conducted at a later date.

Pre-anesthetic blood work options:

1. A complete wellness profile (chemistry, electrolytes, complete blood count and urinalysis plus a thyroid level for cats) at an additional cost of for cats or for dogs.
2. Mini profile, electrolytes and a hematocrit at an additional cost of \$.
3. Do not conduct any laboratory work; I will accept all additional risks.
4. My pet had recent bloodwork. Date:_____

Depending on the level of periodontal disease and the extent of treatment, your pet may require antibiotics and/or pain medications. These will be dispensed as necessary.

Unless prior arrangements have been made, payment in full is due at the time of patient discharge.

By signing below I accept the anesthetic risks and authorize the services indicated on this form. I understand other procedures may be necessary and I will be contacted in this event. I will, at that time, give oral consent for the recommended procedures and their cost. If I cannot be contacted I am aware that further services performed at another time will require further anesthesia at my expense.

Signature:_____ Date:_____

Owner Contact today: Phone _____ E-mail _____

Text _____

Medications your pet has received in the **TWENTY FOUR HOURS** prior to procedure:_____