

**FIELDSTONE VETERINARY CARE SURGICAL
K9 DENTAL ANESTHESIA CONSENT FORM**

Responsible Party: _____ Your pet's name: _____

Emergency phone where you may be reached at **during surgery**: _____ and/or _____

(Please note that if your pet has fleas, it will be necessary for us to treat before surgery is performed. The cost will be approximately \$17).

Has your pet had anything to eat or drink since midnight last night? If yes, amount and time?

My pet is here today for the following procedure: _____

Is your pet eating, drinking, and acting normally? **YES/NO**

Is your pet currently taking any medications? **YES/NO** If yes, please list the **medications** and **last time given**:

****Pre-anesthetic blood testing is *highly* recommended before any surgical procedure because it helps identify the patients with special medical conditions that may require additional supportive therapy to safely anesthetize your pet. It is especially important to blood test geriatric patients. If you would like blood testing done before surgery, please select one of the following blood profiling options:**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Short profile (\$50)
Gives the doctor info about the function of your pet's main organs (liver and kidneys). | <input type="checkbox"/> Long profile (\$70)
Gives the doctor electrolyte levels in addition to the information collected in the short blood profile. | <input type="checkbox"/> Complete blood count (\$40)
Gives the doctor information to determine if your pet may be anemic or dehydrated. Provides counts for red blood cells, white blood cells, and platelets. | <input type="checkbox"/> Long profile/CBC (\$110)
Gives the doctor the broadest range of information. Combines everything in the long profile and the complete blood count. |
|---|---|--|---|

While your pet is here with us we can also perform any of the following procedures:

- | | | | |
|---------------------------------------|------------------------------|-----|----|
| • Approval to extract teeth? | (Additional cost will apply) | YES | NO |
| • K9 Rabies vaccine? | (\$17.50) | YES | NO |
| • Annual K9 Distemper/Parvo vaccine? | (\$36.50) | YES | NO |
| • Lyme vaccine? | (\$30) | YES | NO |
| • K9 Heartworm test? | (\$27) | YES | NO |
| • Anal gland expression? | (\$19) | YES | NO |
| • Ear cleaning? | (\$15) | YES | NO |
| • Nail trimming? | (\$11) | YES | NO |
| • Pain meds? (if needed) | (\$13) | YES | NO |
| • Microchip (includes activation fee) | (\$54.99) | YES | NO |
| • Therapy Laser (post-procedure) | (\$15) | YES | NO |
- (Enhances healing and decreases inflammation- Not advised for growth removals)*

I understand that my pet will undergo anesthesia and that some risk of injury or death always exists with anesthesia and surgery. I have discussed any concerns I have about these risks with my veterinarian and my questions have been answered to my satisfaction. My signature on this form indicates that I will not hold FVC or any of its agents liable for any complications that may arise and that I understand that results cannot be guaranteed. **I hereby authorize Fieldstone Veterinary Care to perform the above procedures. I also understand that payment is due at the time my pet is picked up and will be paying today by check _____ cash _____ or credit card _____.**

Owner's signature: _____ Dated: _____