

**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 _____

My pet is here today for the following procedure: _____

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

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.****

Short profile (\$50)

Gives the doctor info about the function of your pet's main organs (liver and kidneys).

Long profile (\$70)

Gives the doctor electrolyte levels in addition to the information collected in the short blood profile.

Long profile/CBC (\$110)

Gives the doctor the broadest range of information. Combines everything in the long profile in addition to a complete blood count.

Decline pre-anesthetic bloodwork.

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 |
| • K9 Distemper/Parvo/Lepto vaccine? | (\$39.50) | YES | NO |
| • Lyme vaccine? | (\$30) | YES | NO |
| • K9 Heartworm test? | (\$27) | YES | NO |
| • Bordetella? | (\$20) | YES | NO |
| • Elizabeth Collar? | (\$9-\$21) | 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) | (\$30) | YES | NO |
| • Therapy Laser (post-procedure) | (\$15) | YES | NO |

(Enhances healing and decreases inflammation- Not advised for growth removals)

(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 \$10).

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: _____