



Scottsville Animal Hospital
1590 Old Gallatin Rd
Scottsville KY 42164
270-237-3688

Feline Anesthesia / Dental Consent

Date of Dental:

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight

Phone Number:

What is the number where we can reach you on the day of surgery?

Anesthetic and surgical procedure(s) to be performed:

I, the undersigned owner or agent of the pet identified above, authorize the staff of Scottsville Animal Hospital to perform the above procedures.

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

In the case of unforeseen emergencies, the staff may or may not have my permission to proceed with life sustaining procedures.

- [Yes]: I give my permission.
 [No]: I do not give my permission.

1. *Would you like your cat FELV/FIV Tested? \$42.35* Yes: No: Already Tested :
2. *Has your pet shown any signs of illness in the last 2 weeks?* [no]: [yes]: *If, yes explain*
3. *Has your pet been dewormed in the last six month?* [no]: [yes]: *If no, please deworm*
4. *Is your pet on any medications?* [no]: [yes]: *If, yes explain*
5. *Has your pet had any previous surgeries?* [no]: [yes]: *If, yes explain*
6. *When was food and water last given?*

PRE-ANESTHETIC BLOOD PROFILE

Like you, our greatest concern is the well-being of your pet. Sedation and anesthesia can involve risk to your pet. For this reason we highly recommend and ask your permission to perform a Blood Profile to assist in the evaluation of your pet's ability to utilize and metabolize the anesthetic medications(s) that will be used during this procedure.

**** Pets REQUIRED to have pre-anesthetic Blood Profile, will include;**

A) any pet 7 years of age or older and/or B) any pet in poor body condition or found to have abnormal physical exam determined by doctor to potentially place your pet at a higher risk while under anesthesia. **

- Yes, Please do the recommended Blood Profile; \$72.00
 No, I do not authorize the recommended Blood Profile.

MICROCHIP

2/1/2018

This chip is inserted under the skin to aide recovery and identification of a lost or stolen pet.

- () Yes, Please insert a micro-chip while my pet is asleep; \$36.75
- () No, I do not want my pet to have a micro-chip at this time.

DENTAL EXTRACTIONS

A thorough examination of each tooth is seldom possible before your pet is anesthetized and the plaque is removed from the tooth. It is only at this time that a proper decision can be made as to the best course of treatment. Extractions may be necessary for the health of your pet and treatment must be done in a timely manner while your pet is under anesthesia.

- () I will be available by phone from _____ to discuss further treatment for my pet. ()
- () I will be unavaible, I understand that there can be additional cost incurred, please proceed with any necessary treatment. ()

**** Go home pain medications and antibiotics will be prescribed as the doctor sees fit when extractions are needed. ****

PHOTO CONSENT

- () I authorize SAH to take pictures of my pet's teeth, and use in the future to promote dental health.()
Owner email: _____
- () I authorize SAH to take pictures of my pet's teeth for medical records only. ()

VACCINATIONS, FLEA/TICK CONTROL

While your pet stays with us we require him/her to be up to date on vaccinations, and to be free of external parasites such as fleas and tick. If fleas or ticks are found, the proper medication will be used at the owner's expense.

OWNER RELEASE

I have read this consent form. While I accept that all procedures will be performed to the best of the abilities of the staff at Scottsville Animal Hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs; re-check physical exams and additional surgery due to post-op complications.

Signature of Owner: _____

Date: _____