



**Animal Dental Care Specialists ANIMAL CARE HOSPITAL**

8565 Hwy 64, Somerville, TN 38068. (901) 466-9224

**Anesthesia/Dentistry/Oral Surgery Release & Consent for Treatment**

Owner/Agent \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

Regular Veterinarian \_\_\_\_\_

**Basic History:**

	Yes	No
Did your pet eat this morning?	<input type="checkbox"/>	<input type="checkbox"/>
Is your pet allergic to any drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Has your pet had any illness or injury in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
Does your pet have any history of seizures?	<input type="checkbox"/>	<input type="checkbox"/>
Heart, Lung, Kidney or Liver Disease?	<input type="checkbox"/>	<input type="checkbox"/>
Previous anesthetic problems?	<input type="checkbox"/>	<input type="checkbox"/>

List any medications your pet is currently taking: \_\_\_\_\_

**Anesthetic Precautions:**

Pre-surgical assessment: Pre-surgical blood tests and physical examination enable us to assess and minimize the risk of anesthesia for your pet.

Monitoring: We further minimize anesthetic risk by monitoring heart rate and rhythm, respiration rate and quality, body temperature, blood oxygenation, and blood pressure throughout the procedure.

IV Catheterization: For all procedures requiring anesthesia, an intravenous catheter is placed to provide us with an easy route to administer medications and fluid (which support blood pressure and kidney function) during the procedure.

Pain Management: We will proactively manage pain associated with oral surgical procedures by administering pain medications before and/or after the procedure, in addition to use of local anesthetics.

*As with any drug, side effects may be associated with administration of anesthetics and pain medications.*

**Dental Procedures:** \_\_\_\_\_

After oral examination, dental radiographs, and/or professional cleaning, you will be called before additional dental procedures are performed.

\_\_\_\_\_ **If I cannot be contacted, I authorize the Doctor to extract loose teeth.** (indicating Severe Periodontal Disease)

\_\_\_\_\_ **If I cannot be contacted, I authorize the Doctor to perform the procedure discussed during the consultation.**

**OR**

\_\_\_\_\_ *Please contact me before performing any additional procedures.*

\_\_\_\_\_ *Photographs may be taken of your pet's procedure and used, anonymously, for teaching purposes.*

Animal Dental Care Specialists (ADCS) will use all precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involve some risk to my pet and agree to hold ADCS, it's doctors, and staff harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. I realize that the administration of any anesthetic agents and the performance of any surgical procedure carries with it a small but realistic possibility of complications, which can include death. I am the owner/agent of the above-named animal and hereby authorize the performance of the procedures as marked above. I understand that any fee estimates given for services to be performed are ***ONLY ESTIMATES***, and I take full responsibility for payment of charges. I also understand that if I do not pay this account as agreed, past due accounts are subject to costs of collection.

Date \_\_\_\_\_ Owner/Agent Signature \_\_\_\_\_

Phone number where you can be reached today \_\_\_\_\_

*If you have any questions, please check with the technician **PRIOR** to services being performed.*