

## DENTAL PROCEDURE & ANESTHESIA AUTHORIZATION

I hereby entrust Frontier Veterinary Hospital (FVH) to care for my pet during his/her surgery stay. I am the owner, or a representative of the owner, of the animal presented and have the authority to execute this consent. I have been advised as to the nature of the procedure to be performed and the risks involved. I understand the doctors and staff will use all reasonable precaution against the injury and/or death of my pet, and I hereby consent and authorize this hospital to perform the requested anesthesia and surgical procedures. I understand that I must furnish phone number(s) where FVH can reach me or a contact person whom I have authorized to make medical decisions.

### TREATMENT DIRECTIVE

Without dental x-rays, more than 50% of all dental problems in pets will go undiagnosed. For this reason, we recommend dental x-rays for all of our dental patients. Your veterinarian has likely discussed x-rays with you, and the cost has been listed on your estimate and is included in the high-end total. Please initial how you would like us to proceed:

I have discussed this with my veterinarian; please proceed with the recommended dental x-rays. **OR**

I would like to speak with the doctor. Frontier will not proceed with x-rays unless my permission is obtained- the doctor can contact me or my agent using the information below. If I am unreachable, please follow the directive below regarding additional treatments.

In pets, the teeth cannot be thoroughly studied until the pet is anesthetized. Once under anesthesia, we evaluate each individual tooth and the entire oral cavity for any problems that may need attention. **Many pets need some form of additional dental surgery such as extractions.** We realize that you may not have planned for these additional services. We must be able to reach you by phone if we find any issues in order to recommend a treatment plan and seek authorization to proceed (cost estimates will be provided). We will make every reasonable attempt to reach you prior to proceeding with any additional services. However, procedures requiring anesthesia are time-sensitive and provide a narrow window of time in which to reach you. **For your pet's safety, please list where you or your agent can be reached without delay.**

Name of contact person: \_\_\_\_\_ This person is:  Owner  Authorized agent

Phone Number(s): \_\_\_\_\_

In the event you or your authorized contact person are not reachable, would you prefer us to proceed with the additional recommended treatment? Please initial your preference:

**Yes, please proceed** with additional treatment. I understand that there will be additional charges for further treatments.  **No, please do not proceed** with any treatment beyond the initial treatment plan, unless my pet's safety requires it.

Blood testing is required within the last 2 months for pets 7 years or older, and within the last 12 months for pets under 7 years of age. I understand that blood work is an important aid in determining my pet's health, but does not guarantee a more successful surgery.

**Pet's Name**      **Age**      **Last Blood work**       Bloodwork is current.  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_       Bloodwork is not current, and is required at this time (addt'l fee).

Standard pickup time is usually between 4-7 pm. We will do our best to accommodate your requested pickup time but due to the nature of hospital operations and anesthesia recovery this may not always be possible. Please provide the earliest and latest times you are able to pick up your pet:

Earliest time: \_\_\_\_\_ Latest time: \_\_\_\_\_  
**(the earliest available time is 2:00 pm)**      **(the latest available time is 7:30 pm)**

I understand that the safety of my pet is the overriding priority. I understand that any price quote I have been given is an estimate and if complications are involved, or the procedure is of greater dimensions than anticipated, the price may be higher.

Signed: \_\_\_\_\_  
*Signature*      *Print name*      *Date*



## ANESTHESIA QUESTIONNAIRE

Please complete the morning of your pet's procedure.

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

Has your pet eaten in the last 8 hours? \_\_\_\_\_

Has your pet been ill recently? If so, please describe the symptoms and indicate date/time of last symptoms.

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Do you have any other questions or concerns you would like the doctor to address?

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Are there any additional services you would like us to perform while your pet is in the hospital (charges may apply)?

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