



Anesthesia/Dental Consent Form

Client Name: _____

Pet's Name: _____

Pre-Anesthetic Blood Work

Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. Help us provide the best level of care for your pet by choosing to perform blood work prior to anesthesia or sedation.

PLEASE CHECK ONE

Prep Profile (Pre-anesthetic profile) **\$90.05**

Basic internal organ screen (liver, kidneys) For generally healthy, younger patients.

Full Blood Chemistry **\$170.30**

Full blood work on all major organs and electrolytes. Recommended in geriatric patients.

I decline blood work and understand there are increased risks during anesthesia.

Intravenous (IV) Fluid Support During Anesthesia

Administration of IV fluids during anesthesia helps maintain blood flow to the organs and keeps blood pressure normal. IV fluid support greatly increases the safety of anesthesia.

**Please note some procedures and conditions will need additional IV fluid support for longer periods of time which will be at additional cost. Your pet's doctor may require IV fluids for anesthesia (most commonly in geriatric patients or debilitated patients).*

PLEASE CHECK ONE

Administration of IV fluids during anesthesia (covers fluids and IV pump use for short procedures). **\$65.65**

I decline IV fluids.

Dental X-rays

This detects abnormalities of the tooth that exist below the gum line.

PLEASE CHECK ONE

I would like full mouth dental x-rays. **\$90.75**

I decline dental x-rays at this time.

Dental Extractions

I consent to non-surgical and surgical extractions at doctor's discretion.

I would like a phone call prior to any extractions.



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I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian.

I understand that I assume financial responsibility for all services rendered.

The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures.

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While KM Regional Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. In particular, I have been advised that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used and that I have been advised of the possibility. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold KM Regional Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I have read and understand this authorization.

Owner Signature

Owner Phone Number

Date