

TRITT ANIMAL HOSPITAL - DENTAL RELEASE and SURGICAL CONSENT FORM

Owner's NAME _____ Pet Name _____

Phone Number _____

Pre-Anesthetic Blood Testing

Our greatest concern is the wellbeing of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the kidneys, liver, or blood are not detectable with routine exams, and can only be detected if blood testing is performed. If a problem is detected, an adjustment in anesthetic protocol will be made or the procedure delayed or cancelled to address the wellbeing of your pet.

****The Doctors REQUIRE that every Canine over the age of 7 and Feline over the age of 10 complete a bloodscreen before every surgical procedure that requires general anesthesia.***

****It is RECOMMENDED that bloodwork is done on any pets under the required age.***

I have been informed about pre-anesthesia blood work and am aware that it is recommended by the doctor.

I decline blood work

I authorize blood work (add'l cost)
(* \$77 to \$130 - Depending on your pets age, health doctor recommendation)

Bloodwork already done within 2 months

Doctor's Discretion (*add'l cost)

**If your pet has not been microchipped, would you like us to do that while under anesthesia? Y/N
(Tritt's fee is \$65 w/an enrollment fee of \$25 when you register with the microchip company)

****Are there any other concerns you have that we can address while your pet is under anesthesia?**

Your pet is scheduled for a dental procedure. Once your pet is under anesthesia, the doctor will perform an oral exam and carefully check the teeth and gums. During this exam, the doctor may find one or more teeth that need to be extracted for health reasons. Only those teeth that pose health issue will be extracted at an additional charge. _____ (please initial)

I, the undersigned, authorize surgery for my pet. The nature and risks of this procedure have been explained to me. I am encouraged to discuss any concerns with my veterinarian before the procedure(s) are started. I authorize the use of appropriate anesthetics and other medications, and I understand that hospital support personnel will be assisting in my pet's care. I understand that during anesthesia, emergency or unforeseen conditions may make it necessary for the doctor to perform additional or different procedure(s) that are in my pet's best interest. I therefore authorize these emergency procedures until I can be contacted.

Owner's Signature _____ Date _____

