

Dental Procedure Authorization

Pet's Name _____

Owner's Name _____

Anesthesia/Medical History

1. Is your pet allergic to any medications/drugs? Yes No
Explain:

2. Has he/she ever had a seizure? Yes No
Explain:

3. Has your pet ever been under general anesthesia? Yes No
Were there any problems? Yes No
Explain:

4. Please list all prescriptions and over the counter medications including last time administered:

Feline/Canine Patients: Indoor _____ Outdoor _____ Both _____
• Would you like a complementary nail trim while they're under anesthesia? **Circle:** Yes or No

Elective Procedures

5. Are there any other things you would like us to do while your pet is anesthetized?
(ear exams or treatment, eye exams, apply topical parasite treatment, vaccines etc.)
 Yes _____ No
6. Radiograph consent
 I authorize the doctor to proceed with radiographs as necessary.
 I DO NOT authorize any dental radiographs.
7. Extraction Consent (PLEASE READ CAREFULLY AND CHOOSE ONLY ONE OPTION)
 I authorize the doctor to proceed with all procedures, including unforeseen tooth extractions.

 Please contact me at _____ to discuss any additional work, including unforeseen extractions. I understand if I am unable to be reached; **no additional work** will be performed and may have to be completed at a later date.

 Please contact me at _____ to discuss any additional work, including unforeseen extractions. If I am unable to be reached, I authorize the doctor **to proceed with all procedures**, including unforeseen tooth extractions.

 I decline any additional extractions at this time. I understand additional work may be recommended at a later date.*There will be a charge for additional services.

I understand that I am authorizing the above elective treatments and there will be an additional charge for said treatments.

Owner's Initials/ Date

Pre-Anesthetic Procedures & Lab Testing Recommendations

PLEASE READ CAREFULLY AND SIGN

Your pet is scheduled for anesthesia. We recommend a pre-anesthetic blood profile to ensure your pet is in a low-risk category. State-of-the-art technology lets us run safe, accurate blood chemistries minutes before anesthetic induction. These tests resemble those your physician would run before you underwent anesthesia. In addition, these test results will serve as reference values should your dog become ill in the future.

TICK AND HEARTWORM SCREEN

This screening test should be done on stray, sick, and new dogs. (Must be at least 6 mo old)

- Heartworm disease is transmitted by mosquitos. These parasites live in the dog's heart and/or major vessels near it. Heartworm disease causes lung damage, coughing, lethargy, fatigue and can be fatal
- Ehrlichia, Lyme, and Anaplasmosis are transmitted by ticks. All three of these diseases can cause lethargy, loss of appetite, and painful joints. Left untreated they can cause damage to the kidneys and liver and eventually become fatal.

I elect this I decline this N/A

CHEM 17 PANEL, ELECTROLYTES AND CBC

THIS PANEL COMBINATION IS REQUIRED FOR ALL PATIENTS AT 7 YEARS OF AGE OR OLDER, TO INCREASE THE SAFETY OF OUR SENIOR SURGICAL PATIENTS.

Blood tests help us to determine whether or not your pet can properly process and then eliminate the anesthetic that is administered. Sometimes, even an apparently healthy pet can harbor hidden health conditions that can put them at risk while under anesthesia.

Our **Chemistry Panel** will check the following:

BUN (kidney)	ALKP (liver)	Glucose (sugar)	Total Protein (hydration)
Creatinine (kidney)	ALT (liver)	Electrolytes	Calcium (certain cancers)
Phosphorus (kidney)	Globulin (liver)	ALB (protein)	Amylase (pancreas)

Our **CBC (Complete Blood Count)** will assess anemia, cancer, infections, and clotting.

Pet's Age _____ /Required Done on _____ I elect this I decline this

INTESTINAL PARASITE EXAM

It is important to have an Intestinal Parasite Exam done annually to check your Pet for intestinal parasites. Dogs and cats do not always show signs of having intestinal parasites and parasites cannot be seen by the human eye. Most animals are exposed to parasites from their mother and all adults are at risk for picking up parasites while hunting or from other pets. Most importantly, these parasites can be transmitted to people.

I elect this I decline this

HISTOPATHOLOGY (Mass Removals) If Applicable

If your dog is having a growth removed, a sample of tissue can be sent out for identification to an outside lab by a certified histopathologist. This is a good way to screen for stages and types of tumors. Further surgeries or treatments can be ruled out by histopathology results. Results are usually available within 7-10 days.

I elect this I decline this N/A

I understand that I am authorizing or am required to have the above elective treatments and there will be an additional charge for which I will assume full financial responsibility. I understand there is always a potential risk for anesthesia and surgery.

Pet's Name

Owner's Initials/ Date

CALEDONIA VETERINARY CLINIC

HOSPITALIZATION CONSENT FORM * (PLEASE READ AND SIGN) *

PET'S NAME _____

DESCRIPTION _____

PROCEDURE _____

PREFERRED CONTACT METHOD FOR ROUTINE FOLLOW-UPS (circle method(s)): Call/ Email/ Text

@ _____

**** DATE AND TIME MY PET LAST RECEIVED MEDICATIONS** 1) _____
2) _____
3) _____

I certify that I own or have assumed financial responsibility for the above-described animal. I do hereby consent and authorize the Caledonia Veterinary Clinic and its staff to hospitalize this animal, to administer vaccinations, medications, tests, surgical procedures, anesthetics or treatment that the doctors deem necessary for the health, safety, or wellbeing of this animal while it is under their care and supervision.

If this animal should injure itself in an attempt to escape, refuse food, soil itself, become ill or die while in the hospital, I will hold the Caledonia Veterinary Clinic, free of any responsibility and /or liability in the absence of gross negligence.

By signing this consent form I understand that I am giving Caledonia Veterinary Clinic permission to sedate or anesthetized if deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures or operations and the risks involved. I understand that results cannot be guaranteed.

I further realize that I am responsible for payment for the above procedures and treatments in full at the time the animal is discharged. If I am unable to pay for the above procedures and treatments in full at time of discharge, Caledonia Veterinary Clinic is permitted to hold my animal until full payment is made. I am responsible for any and all charges incurred as a result of Caledonia Veterinary Clinic holding my animal as a result of non-payment. If I neglect to pick up the animal within five (5) days of written notice mailed by registered letter to me, Caledonia Veterinary Clinic may assume that the pet is abandoned. Caledonia Veterinary Clinic is then authorized to rehome or surrender to animal shelter as they see fit.

Abandonment does not release me of my obligation to pay for all charges incurred while this pet is a patient.

A finance charge is applied to all accounts unpaid after 30 days. The finance charge is computed by a periodic rate of 1.50% per month, which is 18% annually. There is a minimum \$3.00 billing charge.

Check-out is between 3:30-4pm unless other arrangements have been made.

Please note:

If your pet is not picked up prior to time of closing at 5:00pm you will be charged an additional fee.

5:00 – 5:15 \$25.00

After 5:15 \$50.00

I have read and understand this authorization and consent agreement. I also understand that I am responsible for all charges incurred while my pet is a patient at Caledonia Veterinary Clinic.

SIGNED _____ DATE _____

PHONE NUMBERS THAT I CAN BE REACHED AT TODAY: 1st number: _____

2nd number: _____