



Dental Pre-Surgical Authorization and Release Form
****PLEASE READ CAREFULLY, MARK YOUR REQUEST AND SIGN****

CLIENT _____ PATIENT _____ DATE _____

Your pet is scheduled for anesthesia today to have a **dental cleaning and/or possible extractions**. The staff of Montgomery Veterinary Associates recommends several options to minimize the risks and pain associated with surgery and anesthesia. We can run safe and accurate blood chemistries before anesthesia similar to those your own physician would run if you were to undergo anesthesia. As pets also experience pain associated with many surgical procedures, your pet will be given an injection before surgery along with oral analgesics and/or anti-inflammatory medications to take home for the management of post-operative pain.

BLOOD PROFILES:

() **PROFILE #1 (Healthy patients under 7 years of age) COST \$65.00**

*Includes: CBC (Complete Blood Count), BUN, CREATININE, GLUCOSE, ALT, ALKP, ALB, TP.

() **PROFILE #2 (Patients over 7 years of age and/or sick patients) COST \$102.00**

*Includes: **PROFILE #1** plus AMYL, BILIRUBIN, PHOSPHOROUS, CALCIUM, TOTAL PROTEIN, and CHOLESTEROL.

() I **DECLINE** the recommended pre-anesthetic blood work at this time and request that you proceed with the anesthesia.

() **MICROCHIP (Home Again – includes first year registration) at time of procedure: COST \$65.00**

(A savings of \$12.50)

CONSENT FOR TEETH EXTRACTIONS;

The doctors at Montgomery Veterinary Associates will do everything possible to preserve and maintain the health of your pet's teeth. During the course of examination and cleaning, loose or decayed teeth may be found. Unhealthy and decaying teeth can lead to further health complications for your pet including, but not limited to heart disease. **If, in the doctor's professional judgment, these teeth should be removed do you give your consent?**

() Yes, I give my consent for the doctors to use their professional judgment and extract any teeth necessary to maintain my pet's health

() Yes, give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO** give my consent for the doctors to extract any teeth necessary.

() Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO NOT** consent for the doctor to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed. If this box is checked, then no teeth will be removed without verbal consent from the owner.

A surgery technician/veterinarian will be calling you when your pet is in recovery.

If an emergency surgery comes in, your pet's surgery may be delayed. We will contact you if this happens.

I assume full financial responsibility for this animal. I understand that there is a potential risk for anesthesia and surgery.

In case of emergency or should we need to reach you, I may be reached at this number: _____

Signature of owner: _____