**Authorization for Anesthesia and Dental Procedure**

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Species\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Procedure Description: Canine *or* Feline Dental Prophylaxis**
* **Base Cost for Procedure: $*230.00-$300.00:*** includes anesthetic and monitoring, dental prophylaxis, polishing, fluoride treatment, outpatient hospitalization, and routine pain medications and antibiotics (subject to your pets’ size).
* **ADDITIONAL CHARGES that could accrue**

|  |  |
| --- | --- |
| Catheterization and fluids | $50-$60 |
| Additional anesthetic aides | $50-$60 |
| Extractions | Cost based on quantity and difficulty |
| Specialized pain medications and antibiotics | Subject to your pets’ medical needs |

I understand that this is an estimate ONLY and is based on a pre-anesthetic examination. New information which comes to light during a more detailed exam following induction of general anesthesia may add cost to this estimate. Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone # where we can reach you on procedure day ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reasonable attempts will be made to obtain authorization for procedures not outlined above. If contact is not possible, I understand that other procedures may be carried out at the discretion of the doctor and that I will be responsible for charges related to these treatments. I agree to pay ALL related fees when my pet is discharged. Initials\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Anesthetic Testing**

Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a full physical examination. We also recommend that a pre-anesthetic blood profile be performed to maximize patient safety and alert the doctors to the presence of any underlying medical concerns which could complicate the procedure. These conditions may not be detected without a pre-anesthetic profile. In addition, if your pet’s health changes, the baseline bloodwork provided by this testing may be used to develop faster, and more accurate diagnosis and treatment.

|  |  |
| --- | --- |
| **$ 70.00** | ***Pets 0-6 years old***/ includes: BUN, ALKP, GLUCOSE, TOTAL PROTEIN, ALT, CREATININE, and ELECTROLYTES |
| **$83.00** | ***Pets 6 years and older/*** includes: ALL above tests + ALBUMIN, PHOS, CALCIUM, TOTAL BILIRUBIN, AMYLASE, and CHOLESTEROL |

\_\_\_\_\_ I approve the above pre-anesthetic testing. I understand there is an **ADDITIONAL FEE** for this service.

\_\_\_\_\_I have elected to refuse the recommended pre-anesthetic bloodwork and request that you proceed with anesthesia anyway. I understand there are potential risks when using anesthesia on my pet.

Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List ANY other procedures you wish to be performed (will be billed at normal cost) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_