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## DENTAL/ANESTHETIC AND MEDICAL CONSENT FORM Feline Prophylaxis

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Patient	Date of Birth	Breed	Color
The following procedures will be performed today:			
Pre-Anesthesia Exam			
<u>Pre-Anesthetic Testing</u> – Because of our commitment to providing you with the highest quality of veterinary care, we require pre-anesthesia testing. Each dental or anesthetic procedure has some risk involved. Advances in anesthesia have made routine procedures relatively safe, but occasional problems can occur due to pre-existing conditions not evident on physical examination.			
HEALTH SCREEN II • WE NEED A URINE SAMPLE. PLEASE COLLECT AT HOME OR TAKE AWAY			
ACCESS TO LITTER PAN IN THE MORNING.			
PCV (detects anemia)			
Platelet estimate (clotting ability)			
Total Protein (assesses hydration and protein level)			
BUN and Creatinine (kidney)			
Urinalysis (kidneys and diabetes	s)		
ALT (liver)			
ALP (liver and adrenal glands)			
Glucose (low or high blood suga	ar)		
Sodium, Potassium, Chloride (electrolytes can be abnormal with many diseases)			
IV Catheterization - for fluid therapy, IV medication or any emergency drugs if necessary			
Fluid Therapy - intravenous fluids to maintain normal blood pressure, preserve hydration and ensure			
adequate blood flow to vital organs			
Anesthesia/Monitoring – respiration, blood oxygen level, heart and blood pressure			
Anesthesia – pre medication, IV and gas anesthesia			
Oral Exam – under anesthesia, evaluate each tooth and x-ray any problem areas only when necessary			
Dental Prophylaxis – teeth cleaning			
Fluoride Treatment			
Recovery Monitoring - including p	pain assessment		
Pain Medication and Antibiotics –	when necessary		T
<b>Hospitalization</b>			<b>Total Cost: \$600.00</b>
Please initial consent for tooth x-ray and extractions. Only diseased or painful teeth are removed. I Agree to Pay Additional Fees For Tooth Extractions			
Extraction fees vary (\$2)	0.00 - \$200.00) per to	oth, dependant o	n the number of roots and I \$200-\$800 to the procedure.