



Burleson Small Animal Hospital

www.burlesonsmallanimalhospital.com

DENTAL CONSENT FORM

445 SW Wilshire Blvd.

Burleson, TX 76028

817-295-7111

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|-----------|-------------------------------|
| Pet Name: | Treatment/Surgical Procedure: |
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PRE ANESTHESIA BLOOD SCREEN

Your pet is scheduled for a procedure requiring anesthesia. We recommend a pre-anesthetic blood profile to ensure that your pet is in a low risk category. The latest technology enables us to perform these tests in the hospital just prior to anesthesia. These tests are similar to those your own physician would run were you to undergo anesthesia. The results will be kept in your pet's record for future reference. This blood profile includes:

Complete blood count (anemia, infection, clotting)

BUN and Creatinine (kidney function)

Alk. Phos. and ALT (liver function)

Glucose (blood sugar, diabetes)

Total protein (hydration, liver function)

THE TOTAL COST FOR THESE TESTS IS \$52.00

- Yes, I want my pet to have the recommended tests
- No, I do not want my pet to have the recommended tests

EXTRACTIONS

I understand that there may be unhealthy teeth that would be best to have extracted during the teeth cleaning. I also understand that there is an additional charge for this procedure.

- Yes, I authorize the extraction of unhealthy teeth in my pet
- No, I do not authorize the extraction of any of my pet's teeth, healthy or unhealthy

MICROCHIP

Our clinic currently uses microchips for permanent identification to protect your pet in case it is lost or stolen. The microchip can be inserted into your pet while here for its teeth cleaning.

The cost for the microchip and lifetime pet registration is \$31

- Yes, I would like my pet to receive a microchip at this time
- No, I would not like my pet to receive a microchip at this time

ANESTHESIA AND DENTAL/TREATMENT RELEASE

I hereby consent and authorize the veterinarians and staff at Burleson Small Animal Hospital to perform such dental procedures as have been described to me that are in their opinion necessary and advisable. I understand that anesthesia involves risks in addition to those involved with recommended procedures. The nature of such services and the risks involved have been described to me to my satisfaction, and while I accept all procedures to be done to the best of the ability of the professional staff, I realize that no guarantee nor warranty can ethically be made regarding results or cure.

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| Signature of Pet Owner/Agent: | Date: |
| Phone number:* | |

*where we can reach you TODAY