

Animal Medical Center
Pre-Surgical Consent Form

Owners Name: _____ **Pet Name:** _____
Emergency Contact: _____ Phone #: _____

Food/Medication:
Last time fed: _____ am/pm Last time medicated: _____ am/pm
Name of medication(s): _____
Any known allergies to medication(s): _____

All items listed below are in **ADDITION** to the base price for dental procedure:

1) Pre-Operative Blood Screening:

This screening helps us identify potential problems while the patient is undergoing the dental procedure. The more current the screening, the safer the patient is under anesthesia (\$89.50)

Standard Panel I decline the screening Dr.'s Choice

2) Sevoflurane:

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure (\$45)

Use Sevoflurane Do not use Sevoflurane Dr.'s Choice

3) I.V. Catheter & I.V. Fluids

The catheter allows direct access to the vein in the case of an emergency while the fluids maintain essential blood flow to the vital organs and promote optimal blood pressure (\$78.50)

I'd like the I.V. No I don't want the I.V. Dr.'s Choice

4) Laser:

The benefits of laser are less bleeding and post operative discomfort (\$79.00 to \$150.00)

I want the laser No laser Dr.'s Choice

5) Tooth Extractions:

Teeth that need to be removed can lead to serious and costly medical problems, excruciating pain and even death. The best time for extractions is while the patient is already under anesthesia. (prices vary)

Extract any teeth in need Do not perform any extractions Dr.'s Choice

6) Additional Services:

Vaccines AVID Microchip(\$49.50) Ear Cleaning(\$29.50)
 Nail Trim(\$18.50) Anal Glands (\$18.50) Other: _____

***EKG Monitoring/Pain Injection will be included at no additional charge (\$71.95 value!!)**

For all procedures, please read and sign below:

I, the undersigned, do hereby certify that I am the owner or authorized agent for the owner of the animal named above. I do hereby give AMC, their agents, employees and representatives full and complete authority to perform the medical/surgical procedure and associated anesthesia for the procedure(s) stated above.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

Signature of owner/responsible agent (must be over 18)

Date