**Procedure Date: <appt-date>**

**<last-name>,** <first-name>

**<animal>** <breed> <color> <age> <sex>

I, the undersigned owner or designated agent, hereby authorize the staff of Shiloh Veterinary Hospital to perform the following procedure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize anesthesia and understand that although anesthetic complications are rare, there is always the potential for complications, including death.

***Pain management:*** Our clinic strongly believes in compassionate, quality medical care for our patients. As a result, all surgical patients will receive pain management during surgery and recovery. Additional pain medication may be prescribed for use at home.

***Extractions and Extra Dental Procedures:*** At times it is necessary during a dental to extract loose, deteriorating or problematic teeth. Some extractions may have already been discussed during your pet’s last exam. However, there are times when during the cleaning we discover teeth in need of extraction, or other oral conditions that require treatment.

**Please choose one of the following options:**

□ ***I authorize extractions and extra dental procedures.*** *I authorize the veterinarian to perform any extra dental procedure that is medically necessary for my pet.* ***I understand that I will not be called first, and******I agree to the extra added cost of these procedures.***

□ ***I authorize extractions and extra dental procedures, but want to be called first****. If I am unable to be reached by phone to discuss estimated costs, I authorize the veterinarian to perform any extra dental procedure medically necessary for my pet.* ***I also agree to the extra added cost of these procedures.***

□ ***I do not authorize extractions or extra procedures, beyond what was previously discussed with the doctor.*** *If I am unable to be reached by phone to discuss estimated costs I do not authorize the veterinarian to perform any extra procedure medically necessary for my pet.* ***I understand that my pet may need to be re-anesthetized at a later date to perform such procedures.***

***Dental x-rays, or radiography***, has greatly enhanced the way veterinarians practice your pet’s dentistry. So much of dental disease, such as periodontal disease, tooth root abscesses, jaw fractures, tumors, etc., occurs below the gum line. Dental radiography allows for improved treatment and diagnosis of certain diseases, as well as monitoring for treatment success.

Two thirds of our dog's and cat's teeth are under the gum line. Studies have shown that without dental radiographs, significant disease is missed in up to 75% of pets.Listed on the next page are some of the indications for taking dental x-rays:

1. **Periodontal Disease** : Shows bone loss around tooth roots.
2. **Broken or Missing Teeth**: Checks for broken pieces under the gumline that could cause infection.
3. **Pre and post tooth extraction**: To be sure all roots are gone and no broken fragments.
4. **Oral surgery**: Oral fractures or margins for oral tumor surgery.

The addition of Digital Dental X-ray will cost as follows:

|  |
| --- |
| **Full Mouth Dental X-ray: $45.64** |

**Procedure Date: <appt-date>**

**<last-name>,** <first-name>

**<animal>** <breed> <color> <age> <sex>

***Preanesthetic bloodwork:***

***□*** Labwork performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Date performed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***□*** Labwork needed morning of procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Additional procedures:*** By signing this form, I agree to have the following procedures performed ONLY if they are necessary. I realize that there is an additional fee for each of these procedures. Fees may vary.

 \* ***Ear Cytology / Ear Cleaning*** may be performed if we see evidence of ear infections and/or mites.

 ***\*Flea treatments*** may be applied if fleas are noted to prevent an infestation of our hospital.

 ***\*Temporary (baby) teeth*** will be extracted if they are present in pets greater than 5-6 months of age.

***Microchipping:*** A microchip the size of a grain of rice can be injected under the skin to provide permanent identification for your pet if they ever become lost. This technology allows shelters and veterinarians to immediately contact the owner of a lost dog, even if they have lost their collar and ID tags.

***I would like my pet microchipped today yes\_\_\_\_\_\_\_ no\_\_\_\_\_\_\_ Already done\_\_\_\_\_\_\_***

***Elizabethan Collar:*** This is the “cone” that goes on your pet’s neck to help prevent licking/chewing of the surgery site. An e-collar is highly recommended to prevent post-operative damage to the surgical site. The owner is held financially responsible for all post-operative care needed as a result of not using an e-collar or other post-operative needs.

  ***□ Approve  □ Decline Client Initials\_\_\_\_\_\_\_\_\_***

***In the unlikely event that it becomes necessary to administer cardiopulmonary resuscitation (CPR) in an attempt to save my pet's life, my preference is:                     □ Yes, Please Administer CPR            □ No, Do Not Resuscitate (DNR)***

***I understand that there are no doctors or staff members scheduled to work at either Shiloh Veterinary Hospital from closing time (6:00 pm or 8:00 pm) until the following morning at 7:00 am.               \_\_\_\_\_\_ Client Initials***

Owner/Agent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Order of call preference** | **Number** | **Home** | **Work** | **Cell** | **Between hrs. of….** | **Would you like to receive text notifications? \*** |
| **Call FIRST:** |  |  |  |  |  |  |
| **Call 2nd:** |  |  |  |  |  |  |
| **Call 3rd:** |  |  |  |  |  |  |

**\* Text messages are only monitored during surgery hours (Mon – Fri 7am – 3pm). Otherwise this is an unattended number.**

Dear <first-name>:

This letter is to inform you that <animal> is scheduled for a dental cleaning or oral surgery soon. Your pet is scheduled to be admitted to the hospital at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If you have a pre-surgical appointment scheduled with a veterinarian, please refer to your scheduled appointment time. You also have the option of admitting your pet the evening before, if arrangements have been made beforehand.

Enclosed you will find a surgery release/anesthesia form. ***Please read and complete this form and bring it*** ***with you when you drop your pet off for surgery.*** Pre-anesthetic bloodwork gives the doctor an inside look at your pet’s vital internal organs. We are especially concerned with the health of the liver and kidneys, as these organs help the body get rid of the medications used during anesthesia.

***Pre Surgery Checklist***

* Remove all food after 8:00 P.M. the night before your pet’s procedure. Your pet may have water available at all times.
* If you have been given pre-medication, be sure to administer the prescribed antibiotics and/or pain medications for your pet’s dental prior to the procedure date.
* Complete and sign the surgery release form.
* Give lots of extra pats and kisses!

All anesthetized patients at Shiloh Veterinary Hospital are closely monitored with state-of-the-art instrumentation, such as a pulse oximeter (measures oxygen carried in the blood), temperature, pulse and heart rate. These technologies, along with pre-anesthetic screening and intravenous fluids, reduce the risk of anesthesia to its lowest level. In addition, your pet may receive a pain relief injection (as deemed necessary by the doctor) to minimize any pain that may be experience post surgery.

If you have any questions regarding pre-anesthetic blood testing or your pet’s procedure, please don’t hesitate to call.

We look forward to seeing your pet!

Sincerely,

The Doctors, Technicians and Staff at Shiloh Veterinary Hospital