

MASTERSON ANIMAL CLINIC

1490 Leestown Rd.
Lexington, KY, 40511
Telephone: (859)389-8387

FELINE DENTAL CONSENT FORM

Owner's Name: _____ Name of Animal: _____

I am the owner or agent for the owner of the above named animal and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedure(s) or operation(s):

Dental Examination, IV catheter, fluid support, general anesthesia, extractions if necessary, scaling and polishing teeth.

- I understand that during the procedures unforeseen conditions may be revealed that require other procedures (than listed above) to be completed in the patient's best interest.
- Therefore, I authorize the performance off such procedures or operations as are necessary and desirable in the veterinarian's professional judgment. This includes extractions of teeth, if necessary (standard extractions range from \$22 to \$66 per tooth).
- I also authorize the use of appropriate anesthetics and other medications as deemed necessary.

Yes _____ No _____

Pre-Anesthetic Testing:

Leukemia and Immunodeficiency Virus Testing: \$49

These viruses can have devastating effects and are carried by seemingly healthy cats. All cats should be tested at least once. Cats that go outside or are in contact with those that do should be tested yearly.

I would like a FELV/ FIV combo test for my cat.

Yes _____ No _____

Pre-Anesthetic Blood Work \$37

This set of blood tests screens for liver and kidney function, dehydration, anemia, and diabetes. Finding a problem allows the doctor to address the problem before anesthesia, if possible, and to choose the most appropriate anesthesia for the procedure.

I would like pre-anesthetic blood work performed for my pet.

Yes _____ No _____

Pre-Anesthetic EKG \$32

Also available is a pre-anesthetic EKG, which can alert the doctor to heart problems prior to your pets undergoing anesthesia.

I would like a pre-anesthetic EKG performed on my pet.

Yes _____ No _____

I have been advised as to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization of consent.

Date
Emergency Contact number (_____) _____ - _____

Signature of owner or Agent