

MASTERSON ANIMAL CLINIC

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

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 of 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:

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 _____ **Signature of owner or Agent** _____
Emergency Contact number (_____) _____ - _____