



435 S. Eagle Rd, Suite 2  
Eagle, ID 83616

## DENTAL AND ANESTHESIA AUTHORIZATION

**Owner:**

**Pet's Name:**

**Date:**

Your pet is being admitted for a dental prophylaxis. Please be assured that the veterinarians and staff of Eagle Animal Clinic will use the safest anesthetics available and that your pet will be constantly monitored throughout the procedure. Regardless of an animal's age or apparent health status, understand that all anesthetic procedures have an element of risk including, but not limited to stroke, deafness, or death.

Should unexpected life-saving emergency care be required for my pet, and the hospital staff is unable to reach me, the doctor's and/or staff has my permission to provide any and all necessary treatments.

Eagle Animal Clinic will be performing a pre-anesthetic blood test prior to, or on the day of, the dental procedure to minimize the anesthetic risk for your pet. These tests allow us to check on organ functions of the liver, pancreas, kidneys, and blood. We will also be placing a catheter in your pet's leg to administer intravenous fluids during his or her anesthetic procedure and recovery. These tests and procedures will enable us to take the appropriate steps to reduce the risks from otherwise undetected problems.

### Option to perform a more comprehensive blood panel...

A complete blood panel is more comprehensive and ideal for older pets and/or those with pre-existing medical conditions. This panel provides additional blood chemistries that aid in the early detection and/or monitoring of several diseases. There is an additional fee of **\$40.00** to run the more complete blood panel.

Please INITIAL one of the following: (    ) **Accept** (    ) **Decline**

We will provide you with a treatment plan for your pet that details what will be included in today's dental procedure and the cost of those services. However, because it is very difficult to completely assess an animal's oral health while he or she is awake, it can be difficult to provide you with an exact estimate of charges. Once the plaque and tartar has been scaled, or removed, from the teeth, we can accurately assess and measure the health of all of your pet's teeth. Some pets will only need routine scaling of plaque and tartar, followed by polishing and fluoride treatment, while other pet's teeth may require additional treatment or, possibly, one or more teeth to be extracted or surgically extracted. When one or more abnormality with the teeth is noted, such as a fracture, abscessed root, or a gingival pocket, the procedure may become more involved than anticipated. Because of these reasons, the recommended treatment plan and estimate of charges provided prior to the procedure may no longer be accurate. If during your pet's dental cleaning, the doctor notes an abnormality, we can attempt to contact you to discuss further treatment. For the safety of your pet, however, it is important to minimize the amount of time her or she is under anesthetic. So, should we be unable to reach you, we would like to know how you would like us to proceed. We can continue with the necessary treatment or the teeth and/or gums, or we proceed with only the routine cleaning as proposed in the treatment plan.

### Please INITIAL one of the following:

#### In the event that unforeseen dental treatments, such as, but not limited to, extractions and dental x-rays are needed...

- (    ) You have my permission to proceed with treatment as deemed necessary by the veterinarian without contacting me further.
- (    ) Please make every attempt to reach me by phone at the number I have listed below. In the event that I (or my spouse) cannot be immediately reached by phone at the number I've provided, you have my permission to proceed with treatment as deemed necessary by the veterinarian.
- (    ) Please make every attempt to reach me by phone at the number I have listed below. In the event that I (or my spouse) cannot be immediately reached by phone at the number I've provided, please proceed with only the procedures as outlined in the treatment plan.

I authorize the veterinarian(s) and staff of Eagle Animal Clinic to perform the procedures, anesthetics, diagnostics, and/or treatments for my pet. I understand that there is no guarantee as to the results or cure of my pet.

I agree to pay, in full, for services rendered (including those deemed necessary for medical or surgical complications of otherwise unforeseen circumstances) upon discharge of my pet from the hospital. Any estimate of charges or fees for planned procedures is only the best approximation. By signing below, you are indicating that you have read and understand the authorization and authorize the procedure(s) above.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone # for Today