

Barney & Russum Animal Clinic  
2255 Boynton Ave  
Fairfield, CA 94533  
(707) 426-1761



**Dentistry & Anesthetic Consent Form:**

Additional Procedures (if any): \_\_\_\_\_

ANESTHESIA - Anesthetic procedures are not without risk.

I give permission for my pet to be placed under anesthesia for this dental procedure. I understand that as with any anesthetic procedure, there are risks involved and that complications may be encountered. I give permission for life-saving treatments to be given in case of an emergency. I understand that I am responsible for the additional cost associated with these treatments.

Initial \_\_\_\_\_

**DENTAL PROCEDURE:**

An estimate will be provided and discussed prior to all dental procedures. All estimates are as accurate as possible, however, sometimes unexpected complications occur during dental procedures that are not revealed until the patient's mouth is thoroughly evaluated under anesthesia. If the expected cost of the procedure exceeds the original estimate, we will do our best to contact you and appraise you of the situation.

I give permission for my pet's teeth to be ultrasonically scaled and polished, and a thorough oral exam to be done under anesthesia.

Initial \_\_\_\_\_

In the event my pet should need dental extractions, I request the following: (Initial One)

\_\_\_\_\_ Proceed with dental procedure as the doctor determines appropriate. Teeth will be extracted as deemed necessary by the doctor.

\_\_\_\_\_ I request that the teeth NOT be extracted. I understand that my pet may need to be put under anesthetic again in the future to have them removed. This cost will be my full responsibility.

\*\*\* Teeth are NEVER extracted unless necessary. \*\*\*

**PAIN MANAGEMENT:**

Pain control will be provided for all patients that have dental extractions. Cost for basic pain medication is included in the dental estimate. The actual cost of the medication may be slightly higher or lower depending on the individual patients medical situation and pain relief needs.

I understand that pain medication will be dispensed for my pet if extractions are done and the cost may vary slightly depending on my pet's needs.

Initial \_\_\_\_\_

## PRE-ANESTHETIC BLOODWORK:

Routine blood screening is highly recommended for all dental patients prior to anesthesia. This checks for anemia, kidney and liver function, total blood proteins and blood sugar. Depending on patients age and health status, the doctor may elect to do either a mini-panel or a complete blood panel. The cost of the baseline blood screening is included in your estimate.

I understand that pre-anesthetic blood work will be done on my pet. Initial \_\_\_\_\_

## IV CATHETER & FLUIDS:

An IV catheter and fluids helps to maintain adequate blood pressure, as well as, provides an emergency port to the vein. Some animals require fluids in order to maintain adequate blood pressure and nearly ALL animals can benefit from IV fluids. We may need to shave a small patch of hair where the IV catheter is placed.

I understand my pet will receive an IV catheter & fluids. Initial \_\_\_\_\_

## HOSPITALIZATION:

All hospitalized animals at Barney & Russum Animal Clinic are required to be vaccinated against rabies and distemper (FVRCP for felines and DAPP for canines). This is for the protection of all of our patients. If you cannot provide written proof of current vaccination, the vaccines will be given to your animal at the time of admission and you will be held financially responsible for the additional charges.

I understand that Rabies and FVRCP or DAPP are required and if my pet is not current the vaccines will be given and that I will be responsible for these charges.

Initial \_\_\_\_\_

Any hospitalized animals found to have fleas or other external parasites will be treated. This is for the protection of all our patients.

Initial \_\_\_\_\_

I assume full financial responsibility for this animal. I understand that there is always the potential risk of death or other complications with any anesthesia and surgery. I understand that the doctors and staff have made the above recommendations based on what they believe to be the safest and best course of treatment for my pet.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone numbers where you can be reached today: \_\_\_\_\_