



Please Complete This Form Front and Back

Dental, Anesthesia, and Bloodwork Consent

Date: _____ Owner Name: _____ Pet Name: _____
Phone: _____ Alternate Phone: _____

Would you like any of the following done while your pet is here today?

Check YES or NO

- *Microchip (\$65): _____YES _____NO
- *Flea, Tick, Heartworm Prevention (Prices vary): _____YES _____NO
- *If yes, Which one _____ and how many _____
- *Vaccinations (Prices Vary): _____YES _____NO
- *Heartworm test dogs only (\$37.45): _____YES _____NO
- *FIV/Leuk. Testing cats only (\$75): _____YES _____NO
- *X-Rays (\$165.50+) _____Yes _____NO

- I authorize anesthesia for my pet. The risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia, and I am encouraged to discuss any concerns I have about those risks with my veterinarian or veterinarian technician before the procedure(s) are initiated. My signature on this consent form indicates that any questions have been answered to my satisfaction. I accept that my financial obligations remain regardless of the outcome and payment is due at time of patient discharge. I authorize Syler Veterinary Clinic to perform any additional diagnostic treatment, or surgical procedures deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. While Syler Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand that there are rare complications with any anesthetic or surgical procedure. My signature on this consent form indicates that no warranty or guarantee have been given to me as to the results or cure afforded by these treatments or procedures.
- I will not hold Syler Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise. I understand that Syler Veterinary Clinic reserves the right to treat my pet for fleas, ticks, lice, ear mites, or worms if found during procedures and I will be responsible for any additional cost.
- I understand an IV catheter will be placed for medication administration and fluids will be given during any procedure to help support kidney function and blood pressure.
- I understand if my pet is to be boarded overnight, then there will be an additional charge and there are no staff members present after hours.
- I understand E-Collars may be necessary for my pet and prices vary depending on size.



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Dental Extractions: It can be difficult to predict if teeth need extraction when an animal is awake because tartar and movement interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infection for other organ systems (liver, kidney, lungs, and heart). During the dental cleaning, the teeth are evaluated, and if found to be diseased they may require an extraction or referral to a dental specialist for repair. The cost of extractions varies depending on the amount of time taken and the difficulty of the extraction and can range from \$15.00 to \$100 per tooth.

_____ I authorize all medically necessary extractions be performed.

_____ I prefer to be called before any extractions are performed. If I cannot be reached, I authorize you to proceed with all necessary dental procedures.

_____ If I cannot be contacted by phone, I do not authorize any extractions to be performed.

Please be aware that if you decline any needed procedures at this time, your pet would need a second anesthesia at another time in order for those procedures to be performed.

Pre-Operative/Diagnostic Bloodwork

The Cost of this Pre-surgical bloodwork is **\$170.50**. Performing pre-operative blood work reduces the risk but may not prevent complications. It does help us to minimize the risk of anesthesia by determining the safest medications to use for your pet, identify any underlying diseases not found by the history or physical examination, and even postpone procedures and perform additional diagnostic testing if indicated.

***Please Initial one of the following.**

_____ *Please continue with the recommended pre-anesthetic blood testing.*

I also understand that performing these blood tests reduces the risk but does not eliminate the potential for complications.

_____ *I decline the recommended pre-anesthetic blood test for my pet and request that you proceed with anesthesia. I understand that a medical condition may exist which would be impossible to identify during a physical examination alone. I understand that my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. I also understand that performing these blood tests reduces the risk but does not eliminate the potential for complications.*

By signing, you agree that you have read and understand all terms, conditions, and policies

Sign: _____ ***Date:*** _____

Employee Representative: _____ ***Date:*** _____