



Consent for General Anesthesia

Owner's Name _____ Date _____

Pet Name _____

For Routine Dentistry

(Includes thorough dental exam, cleaning with cavitron and polishing with dental care unit)

If we find additional dental problems, **we require your consent to proceed with treatment.**

Extra dental procedures (including X-Rays and extractions) can increase price from \$25.00 to \$250.00 each depending on the procedure.

_____ Proceed with doctor recommended procedure(s)

_____ Defer the procedure(s) until we are able to discuss the findings.

Before waking the patient, we will attempt to reach a responsible decision-making party through the emergency contact numbers below. If unable to contact the caretaker via phone, we will conclude the dental without further recommended procedures; **this would most likely mean a second anesthesia on another day with additional costs to complete the recommended procedure(s).**

***I hereby grant _____ or decline _____ permission for Bryn Mawr Veterinary Hospital, LLC to take photographs of my pet for both medical and/or any other media related reasons.

Primary phone number _____ **Secondary phone number** _____

Current Medications: _____

Surgery or procedure: _____

Mass Removal – Biopsy _____

Spay/Neuter - Extract deciduous teeth _____

My pet has had no food since 8pm last night _____

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Recommended options:

Pre-operative blood work- Recommended for all pets: Consists of CBC, Mini-Chem panel with electrolytes. \$76.65

- Yes, I do want pre-op bloodwork
- No, I decline to have pre-op bloodwork

Pre-operative EKG- Recommended for all pets: \$80.08

- Yes, I want a pre-op EKG
- No, I decline to have a pre-op EKG

Laser Therapy - Recommended for all pets: \$13.52

Laser therapy is used in conjunction with medications to reduce pain and inflammation as well as aid in incision healing.

- Yes, I would like my pet to receive laser therapy
- No, I decline for my pet to receive laser therapy

Microchip: (permanent identification) \$68.00

- Yes, I would like my pet microchipped
- No, I decline my pet to be microchipped

Feline retroviruses are present in the feline population in this area and can contribute to dental disease.

We recommend screening for all cats.

FeLV/FIV testing: \$51.45

- Yes, I would like to test for FeLV/FIV
- No, I would not like to test for FeLV/FIV

I authorize Bryn Mawr Veterinary Hospital, LLC to perform any additional diagnostic, treatment, or surgical procedure(s) deemed necessary for medical and surgical complications or otherwise unforeseen circumstances. I understand there are rare complications, such as infection, allergic reaction, or even death, associated with any anesthetic or surgical procedure. No warranty or guarantee has been given to me as to the results or cure afforded by these treatments or procedures. I fully understand these risks and understand the veterinarians and hospital staff will try to minimize such risks. I will not hold Bryn Mawr Veterinary Hospital, LLC, the veterinarians, or any staff member liable for any complications that may arise.

I have read and fully understand this anesthesia consent form. I am the owner and/or responsible party of the animal named above and have the authority to consent to these procedures.

I verify that my pet has had no solid food since last night.

Signature: _____