Morehead Veterinary Clinic
Dental Pre-Anesthesia Consent Form
"Because We Care"

We recommend a pre-anesthesia blood chemistry panel on all pets prior to anesthesia; this bloodwork is required for all pets 8 years or older. Most anesthetic drugs are removed from the body by the liver and kidneys; therefore it is important that these organs are healthy. It is also important that patients have normal blood cell counts to promote proper tissue healing. The following tests are included in the pre-anesthesia blood panel:

- 1. CBC-Complete Blood Count-WBC,HGB,HCT,PLT
- 2. ALP,ALT,TBIL,ALB - Liver Evaluation
- 3. BUN, Creatinine, Phosphorus, Calcium - Kidney Evaluation
- 4. Glucose-Blood sugar level to detect diabetes

The cost for this profile is $ 77.50

If any of these test results are abnormal, we will discuss our findings with you and may decide to do one of the following:

- 1. Postpone the anesthesia procedure until a later date
- 2. Further testing to pursue a specific diagnosis
- 3. Proceed with anesthesia, but alter the drugs and procedures

If all the tests are normal, it does not guarantee that your pet will not have an anesthetic reaction, but it does tell us that your pet is healthy and in a low risk category. If you have any questions regarding the blood panel or anesthesia, please ask. The staff and doctor will be happy to answer them.

Please initial here to have the blood panel performed: _______

If you decline this service please initial here: _______

I hereby consent and authorize the performance of the following procedure(s) or operation(s):
____________________________________________________________________

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may occur. Therefore, I hereby consent to and authorize the performance of additional procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian’s professional judgment.

I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

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.

Phone number where you can be reached today: (___) ____________________________

Every effort will be made to contact you in the event the doctor feels radiographs and or extractions are needed. If we are unable to contact you at that time please indicate your preference for how we should proceed by initialing below:

Please proceed with the recommended diagnostics and treatment/extractions. _________

Do not proceed with the recommended diagnostics and treatment/extractions. _________

I have read and understand this authorization and consent.

____________________________________________________________________

Signature of owner or authorized agent. Date