

# Standale Veterinary Hospital

Katheryn E. Applegate, D.V.M.

Nichole Corner, D.V.M.

## Periodontal Treatment / Oral Surgery

Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

I am the owner or agent for the above described animal and have the authority to execute this consent. I hereby consent and authorize performance of the following procedure(s):

I understand that during the performance of the foregoing procedure(s), unforeseen conditions may be revealed that necessitate an extension of the procedure(s) or operation(s) or different procedure(s) or operations(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such 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 the 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 the results cannot be guaranteed.

Additionally, we strongly recommend preanesthetic blood testing before any procedure to minimize the risk of complications. The results of these tests give us information about your pet's ability to tolerate and eliminate anesthetic drugs. The older the pet, the greater the chance for underlying problems and the more the tests would be recommended.

Profile (under 6 years old) \$110.00 (CBC, BUN, ALT, GLU, Electrolytes)

Profile (6 years and older) \$140.50 (CBC, Gen. Chem., Electrolytes)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ appropriate presurgical blood testing.

I approve \_\_\_\_\_, I decline \_\_\_\_\_ full mouth xrays. (\$121.00)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ necessary extractions(\$7/min surg. + anes.)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ IV fluids during the procedure (\$77.50)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ Doxyrobe applied to gingival pockets >3mm.(\$61)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ pain medication for my pet. (\$25- \$65.00)

**DO NOT use human pain relief products.**

I approve \_\_\_\_\_, I decline \_\_\_\_\_ Oravet Sealant (\$12) and Gel (\$25.86)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ Avid Microchip permanent identification (\$42.50)

Should any unforeseen dental procedures be necessary in the veterinarian's professional judgment:

\_\_\_\_\_ I prefer that you proceed with all necessary dental procedures.

\_\_\_\_\_ I prefer to be called before any additional procedures, other than emergencies. If I cannot be Reached, I authorize you to proceed with all necessary dental procedures.

\_\_\_\_\_ If I cannot be reached by phone, I do not authorize any unforeseen dental procedures.

Signed \_\_\_\_\_

# Standale Veterinary Hospital

Katheryn E. Applegate, D.V.M.

## Standard Consent Form

Owner's Name: \_\_\_\_\_ Animal's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

I am the owner or agent for the owner of the above described animal and have the authority to execute this consent. 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), unforeseen conditions may be revealed that necessitate an extension of the procedures(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such 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 the 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.

Additionally, we **strongly** recommend preanesthetic blood testing before any procedure to minimize the risk of complications. The results of these tests gives us information about your pet's ability to tolerate and eliminate anesthetic drugs. The older the pet, the greater the chance for underlying problems and the more tests would be recommended.

Presurgical Profile (under 6 years old) \$123.50(CBC,BUN,ALT,GLU, electrolytes)

Presurgical Profile (6 years and older) \$158.00(CBC, Gen.Health Profile, electrolytes)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ appropriate presurgical blood testing.

Some animals require additional pain relief for several days post-op. If you desire, oral pain medication can be dispensed for use at home. Do **not** use human pain relievers on your pet! The cost of oral pain medication for 4-5 days is (\$25.00 - \$65.00), depending on the weight of your pet.

I approve \_\_\_\_\_, I decline \_\_\_\_\_ dispensed oral pain medication for my dog/cat.

Laser surgery has many advantages: less bleeding, less pain, less swelling and faster healing. (\$82.50)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ the laser option for my pet.

IV catheter and fluid therapy is recommended / required or your pet during the surgery / dental. (\$83.00)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ IV fluids during the procedure.

Dental polishing/fluoride/ora vet sealant is recommended for pets under 1 year to help slow & prevent tarter buildup. (\$55.69)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ dental polish/fluoride/sealant

Ora Vet Tarter Prevention Gel is recommended to be applied weekly. (\$27.20)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ Ora Vet Gel.

Micro-Chip Avid permanent identification. (\$48 installation + \$24.99 for registration)

I approve \_\_\_\_\_, I decline \_\_\_\_\_ Micro-Chip

Signed \_\_\_\_\_