

**WHITESBURG ANIMAL HOSPITAL &
THE LODGE AT WHITESBURG**
Uniting the Art of Caring with the Science of Medicine

Dental Anesthesia Release Form

I hereby consent and authorize Whitesburg Animal Hospital to receive, prescribe for, treat and/or operate upon:

Animal's Name

Age

You are to use all reasonable precaution against injury or escape. I understand that some degree of inherent risk is present in the use of drugs, anesthesia or surgery. **I understand that all animals must be currently immunized within the last 12 months against contagious diseases and all canines must have been checked and found negative for heartworms in the last 12 months.** You have my permission to bring any deficiencies up to date at your discretion.

Signed

Date

For The Health of Your Pet, We Perform the Following:

- ❖ Pre-anesthetic bloodwork to evaluate organ functions – Bloodwork performed within the last 30 days may serve as a pre-anesthetic panel if within normal limits
- ❖ Electronic monitoring during anesthesia and recovery
- ❖ Intravenous catheter and fluids to maintain blood pressure and support organ functions
- ❖ Pain management during hospitalization and home recovery

At what time did your pet last have anything to eat and/or drink?

Has your pet had any health problems, recent serious illnesses or injuries? If so, please describe.

Does your pet have any known drug allergies? If so, please describe.

Please List All Medications Including Heartworm Prevention

Name of Medication	Strength	Dosage	Frequency	Date & Time Last Given

Your pet will receive a thorough dental examination while under anesthesia. Once the examination is complete, the veterinarian may recommend one or more of the following services which are not included in a routine dental cleaning.

Dental Radiographs – Dental x-rays allow the internal anatomy of the teeth, the roots and the bone that surrounds the roots to be examined. If recommended, I accept this service **OR** I decline this service

Doxirobe Gel – This local antibiotic gel applied under the gum line and is indicated for patients with moderate to severe loss of root attachment that accompanies advanced periodontal disease. If recommended, I accept this service **OR** I decline this service

Extractions – While our goal is to save as many teeth as possible, in some cases extractions are necessary. If recommended, I accept this service **OR** I decline this service

Home Medications – In certain conditions a short round of antibiotics and/or pain medication is indicated. If recommended, I accept this service **OR** I decline this service

OraVet Barrier Sealant – This treatment creates an invisible barrier that helps prevent plaque and tartar forming bacteria from attaching to teeth. It also includes a once weekly application kit to continue at home. If recommended, I accept this service **OR** I decline this service

Estimate requested and received? Yes No

Would you like to be contacted after the procedure? Yes No

If yes, at what number or e-mail address may we contact you? _____