



Client Name: _____

Patient Name: _____

Your pet is scheduled for a dental scaling and polishing, which requires general anesthesia.

Our greatest concern is the wellbeing of your pet. Before any anesthesia is administered, we will perform a complete pre-anesthetic examination to identify existing medical conditions that could complicate the procedure and compromise your pet's health.

There is always the possibility that a pre-anesthetic exam alone will not identify all health problems. This is why **blood testing is required** prior to anesthesia. This does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require treatment.

➔ **Comprehensive Blood Panel:** This is the most complete blood screen available using our in-hospital laboratory. This panel includes: red blood cell counts, white blood cell counts, a check on kidney and liver function, electrolyte levels, and an additional pancreatic function test. **If your pet has not had a comprehensive blood screening performed and reported as 'normal' within three months of their scheduled anesthesia/sedation, this test will be run the morning of their procedure.**

Please select any services you would like performed while your pet is under anesthesia:

- _____ **Toe Nail Trim - \$5.00**
- _____ **Anal Gland Expression - \$27.00**
- _____ **Home Again Microchip - \$52.00**

I, (or agent acting on owner's behalf) hereby authorize Brookfield Veterinary Hospital (or its agents or whomsoever is designated) to perform the above procedure. I understand that there are inherent risks with anesthesia and that a guarantee of a successful outcome cannot be made. These risks have been explained to me as completely as possible within reason. I also understand that Brookfield Veterinary Hospital will do their best to minimize these risks through pre-anesthetic blood testing, using the most appropriate and safest anesthetics available, and by using state of the art monitoring equipment. Furthermore, I agree to pay the fees for all services rendered at the time the pet is discharged from the hospital.

_____ **Please perform any extractions that the doctor deems necessary.** Our goal is to keep within your estimate, however, the nature of dental care is such that we cannot predict everything that may need to be done beforehand. As a result, it is possible for your bill to vary considerably from the original estimate.

_____ **Please call before performing any extractions. If I am not available, I give permission to do what is necessary.** Again, our goal is to keep within your estimate, however, the nature of dental care is such that we cannot predict everything that may need to be done beforehand. As a result, it is possible for your bill to vary considerably from the original estimate.

_____ **Please call before performing any extractions.** I understand that if I am not available, **no procedures** will be performed without my authorization, even if deemed necessary.

Signature _____ Phone _____ Date _____

Would you like to be texted if we can't reach you by phone?

Yes text me _____ Mobile ph# _____

*** Standard rates will apply*

Pre- Surgical Questionnaire
(Please fill out this form prior to your pets surgery)

Pet's name: _____

Date: _____

Your name: _____

Are you the owner: YES / NO

❖ What is your pet being seen for today?

❖ When did your pet eat last? _____

❖ Does your pet have any known allergies? ____ Yes ____ No

➤ If yes, please list:

❖ In the past 48 hours, has your pet experienced any of the following?

➤ Coughing ____ Yes ____ No

➤ Sneezing ____ Yes ____ No

➤ Vomiting ____ Yes ____ No

➤ Diarrhea ____ Yes ____ No

❖ Is your pet on any medications? ____ Yes ____ No

➤ If yes, please list medications & when they were last given:

❖ Do you have any additional concerns for the doctor today? ____ Yes ____ No

➤ If yes, please list below:

❖ What is your preference for administering antibiotics?

_____ Tablets to go home

_____ Liquid to go home

_____ One-time injection done at the hospital, beginning at \$75 (Price varies by pet's weight).

Flip for Release form →