



## DENTAL ANESTHESIA CONSENT

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  Text  Call

---

### Anesthetic/Surgical procedures to be performed:

#### PREANESTHETIC BLOOD TESTING

It is important to understand that a pre-anesthetic profile 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 medical treatment in the future.

Our greatest concern is the well-being of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens.

- Yes, I want the pre-anesthetic bloodwork.
- I decline the recommended pre-anesthetic bloodwork and understand the surgical risks.

#### MICROCHIP

- I authorize the doctor to microchip my pet while under anesthesia.

### Authorization to Perform Surgical Procedure and/or Treatments

I, undersigned owner or owner's agent, of the above pet hereby authorize the doctors at Wake Veterinary Medical Center to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists with anesthesia and/or surgery, and I am encouraged to discuss any concerns about those risks with the attending veterinarian before the procedure(s) is/are initiated.

**\*\*I give my consent to have diseased/broken teeth extracted by the veterinarian. I understand that I will not be called before the extractions are performed.\*\***

---

Signature

Date