Surgery Consent Form

	to water along the
	Phone Numbers:
	First:
	Second:
	We will call the numbers provided after the surgical procedure has been performed.
I am authorizing to and hereby consprocedure(s) and/ or operation(s):	sent the performance of the following
Dental Clea	aning Patients
Extractions during dental cleaning typ depending on how many tooth roots a	oically range between about \$50 -\$300 and difficulty of extraction.
Okay to proceed with extrac	tions without phone call.
Call first before any extraction	ons.
Please list the best number f	for us to contact you
If you would like a call first at to wake your pet up from an	nd we are unable to contact you we may need esthesia without proceeding with extractions.
Wake my pet up if I can not be	be contacted.
Proceed in best interest and	extract.
Please provide us with the following inf List any medical conditions your pet suffe	
I understand that during the performance conditions may be revealed or arise that n procedure(s). Therefore, I hereby consent deemed necessary with the veterinarians	necessitate an extension of the said to the performance of such procedure(s)
I have been advised as to the nature of the realize the results cannot be guaranteed.	ed as deemed necessary by the veterinarian
Signature:	Date:
Witness:	

Monroe Road Animal Hospital

Pre-Anesthetic Lab Work

Choose from the appropriate category

Pets under 8 years of age:

We recommend lab work on all patients. It will be used to determine if there are any pre-existing or hidden medical problems we need to know about. The lab work will be performed and reviewed by a veterinarian before surgery. Any abnormalities will be discussed with you before we begin the procedure.

All dental procedures will have an IV catheter □ Optional blood work □ Decline optional bloodwork Pets 8 years and older: Risk factors on pets change as the age of the pet increases. For this reason, the veterinarian requires lab work. The blood work will determine any underlying medical issues and will be evaluated by the veterinarian before surgery. An IV catheter and IV fluids will be established to ensure the safety of your pet throughout the procedure. Pain Medication: All surgical/dental procedures will receive an injectable pain medication and may be discharged with oral pain medications. Optional Services: ☐ Microchip implantation □ Nail trim under anesthesia Feline Patients: If antibiotics/pain medications are required would prefer: ☐ Liquid □ Pills Please initial one of the following: ☐ I am certain that my pet has not had any solid food since 10 pm last night and realize that the fed or unfed status of my pet may result in significant risk under anesthesia. ☐ I am uncertain if my pet has had access to food since 10 pm.