

Feline Dental Sedation Authorization

Animal Hospital of Boone
2773 Hwy 105 South
Boone NC 28607

Date: _____

Owner: _____ Pet Name: _____ Pet's Age: _____

Your pet will receive a preoperative physical examination and bloodwork to ensure he/she is a good candidate for the procedure. The procedure is performed under general anesthesia. As you know, we will use every precaution to ensure your pet's safety during anesthesia and surgery. If your pet has any fleas, they will be given medication during their stay in the hospital area.

Wellness Questionnaire (Please Initial either yes or no)

<animal> is <age> old. We will be doing pre-anesthesia bloodwork before sedation unless there is current bloodwork within three months. This bloodwork will check kidney, liver, blood sugar, RBC, WBC, and dehydration values.

I understand tooth extractions will be performed at the time of the dental cleaning as needed at additional hourly cost.

Please initial _____

Has your pet had any history of asthma, exercise intolerance, cough, or open mouth breathing?

YES _____ NO _____

If yes, please list: _____

Is your pet on any medications, supplements, or home remedies?

YES _____ NO _____

If yes please list: _____

Does your pet have **any** known or suspected illnesses or medical problems?

YES _____ NO _____

If yes, please list: _____

We recommend any animal undergoing anesthesia receive anti-nausea medications to aid with post operative recovery. Would you like your pet to receive this? (38\$)

YES _____ NO _____

We can provide a long-acting pain medication to assist with recovery after your pet's operation. Would you like your pet to receive this? (50\$)

YES _____ NO _____

Would you like to have your pet microchipped while in surgery (\$45 fee)?

YES _____ NO _____

I certify that I am the owner, or duly authorized agent for the owner, of the animal presented today, and that I give Dr's. Johnson, van der Westhuizen, Watson, Palmer, and Chesnutt full and complete authority to perform the surgical procedure described above. Further, I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery involve some minimal risk to my pet, and I will not hold the doctors and staff responsible under any circumstances. I assume all risks.

(Date)

(Signature)

Primary Contact Number

Emergency Contact Number