

Dental Procedure and Anesthesia Release Form

I understand that my pet's procedure requires general anesthesia. All precautions will be taken to insure the safety of my pet. However, I understand that there are possible risks associated with anesthesia.

Pets may appear healthier on physical examination than they actually are. For this reason, pre-anesthetic bloodwork is recommended. If that has not yet (or recently) been performed, we recommend this precautionary measure.

Please initial **YES, I want bloodwork** _____ **NO, I do not want bloodwork** _____

We also recommend using IV fluid therapy for your pet's safety while under anesthesia. IV fluids help maintain appropriate blood pressure while under anesthesia, which helps to preserve organ function.

Please initial **YES, I want IV fluids** _____ **NO, I do not want IV fluids** _____

We recommend dental x-rays for all dental procedures. Dental x-rays can only be done under general anesthesia. X-rays help us to determine if there are any infected or damaged teeth which are painful and should be extracted. The cost of dental x-rays is on the estimate we have provided for you.

Please initial one: **YES, please take dental x-rays** _____ **NO, I do not want x-rays done** _____

Broken or infected teeth are commonly identified by dental x-rays while under anesthesia, and extraction is recommended for these teeth. Removal of infected or broken teeth is known to improve a pet's quality of life. The cost of the anticipated dental extractions is on the estimate provided (if requested). Cal West will make every effort to notify you if the attending veterinarian needs to perform an unexpected tooth extraction. *I understand that Cal West does not perform root canal therapy and have declined referral to a dental specialist.* _____ (initial)

Please initial ONE below:

YES, I understand that extractions may be needed and I authorize all necessary extractions even if I can not be reached by phone by the doctor. _____

NO, I do NOT authorize any unanticipated dental extractions without first speaking to the doctor. I understand that if I can not be reached by phone, the recommended additional extractions (identified by dental x-rays) will not be performed. I will assume all costs of repeating anesthesia (including bloodwork, IV fluids, blood pressure monitoring) in the future if I decide to have the extractions done at a later time. _____

Signature _____ Phone number to reach me today _____ Date _____