

Cornwallis Road Animal Hospital
206 W Cornwallis Road
Durham, NC 27707
(919) 489-9194
www.cornwallispetcare.com

DENTAL ANESTHESIA CONSENT FORM

Client Name:

Patient Name:

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: _____

Would you like for us to text or call? 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 blood work.

I decline the recommended pre-anesthetic blood-work 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, the undersigned owner, or owner's agent, of the pet mentioned above hereby authorize the doctors at Cornwallis Road Animal Hospital 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 that 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. There are additional fees for extractions/anesthesia time.

Accept

Decline

Call me with more information regarding extractions.

Signature: _____ Date: _____