

DENTAL AUTHORIZATION FORM



Owner: _____ Patient: _____
Chart No: _____ Breed: _____
Street: _____ Sex: _____
City: _____ Age: _____
Phone: _____ Color: _____

Pre-Anesthetic Blood Testing:

A Pre-Anesthetic Blood Profile is recommended for all patients regardless of age. Springfield Veterinary Center does **require** that at minimum a Pre-Anesthetic Blood Profile has been performed within 6 months of surgery **for patients 7 years of age or older**

_____ I authorize Springfield Veterinary Center to perform Pre-Anesthetic Blood Testing and have chosen the following Profile:

- Pre-Anesthetic Blood Profile at an additional charge of \$63.52 _____
- Extended Pre-Anesthetic Profile at an additional charge of \$107.10 _____

_____ I **DECLINE** Pre-Anesthetic Blood Testing at this time but request that Springfield Veterinary Center proceed with anesthesia and surgical procedure. I acknowledge that some conditions may not be detected without Pre-Anesthetic Blood Testing.

Intravenous Catheterization & Fluids:

Springfield Veterinary Center requires the placement of an IV catheter and use of IV fluids during extended procedures. Intravenous catheterization and fluids are required for patients ten years of age and older regardless of the procedure. The additional charge for IV Catheterization and fluid administration is \$77.70. _____

Dental Extraction Authorization:

I understand that during a dental cleaning my animal's teeth and gums will be evaluated. Dental extractions may be indicated due to exposed gums, infection, cracks, fractures, etc.

_____ I authorize Springfield Veterinary Center to perform extractions which are deemed necessary

_____ I DO NOT authorize Springfield Veterinary Center to perform necessary extractions. I am aware that there are health risks associated with untreated dental disease.

I hereby authorize the administration of professionally accepted general anesthetic procedures necessary for treatment. I understand that support personnel will be used as deemed necessary by the veterinarian. I understand that there are always potential risks when using anesthesia or performing surgery on an animal. I assume financial responsibility for this animal. I acknowledge that there is always a risk of anesthetic and surgical complications, including death, anytime these procedures are performed.

Signed _____ Date _____
<first-name> <last-name>