

**Northwoods Animal Hospital
Anesthesia and Dental Authorization Form**

I request that my pet _____ receive the following:

_____ Teeth Cleaning

_____ Procedure _____

_____ Home Again Microchip \$54.50 includes registration

If tooth extraction is deemed necessary by the veterinarians (please choose one option and initial):

_____ I authorize the veterinarian to perform the necessary extraction(s). I understand that the cost for extraction may vary per tooth depending upon type of tooth extracted.

_____ **DO NOT** perform extractions without calling me first. I understand that if I am unreachable at the contact number I have given at the time of the procedure, the necessary extraction(s) **WILL NOT** be performed today.

_____ **DO NOT** perform any extractions under any circumstances. I understand that there may be future health or comfort consequences based on this decision. I understand that due to severity of dental disease, some teeth may fall out themselves during the cleaning procedure.

I understand that the requested procedure requires **general anesthesia**. A preanesthetic panel is required for all patients to assist the doctors in determining the appropriate anesthetic drugs. This panel includes:

Chem10 / CBC (Complete Blood Count)

Intravenous (IV) fluids are required during anesthesia as a supportive measure to maintain circulatory volume and to administer medications. To place the IV catheter, a small area will be clipped on one leg.

I understand that in order for my pet to receive today's procedure(s), he/she must be current on his/her vaccinations. If my pet is not current on these vaccines, I understand that these vaccines will be given to my pet today and I will be responsible for payment.

I, the owner (or agent of the owner) of the pet identified above, certify that I am over the age of 18 and thereby authorize the doctors of Northwoods Animal Hospital to perform the above procedure(s) for my pet. I understand there are always potential risks using anesthesia or performing surgery on an animal. I further understand even with extreme care, possible complications associated with surgery (e.g. cardiac arrest, respiratory arrest and death) may occur. I understand the information present on this surgery form and give permission to proceed with the surgery as well as perform any and all life saving procedures should the need arise. I understand that no guarantee can be made regarding a cure or as to the results that may be achieved from the above procedure(s). Further, I understand I am financially responsible for all costs incurred during surgery, treatment and hospitalization and that payment is due at the time my pet is discharged.

Signature _____ **Date** _____

Phone number where I can be reached between 9:00 a.m. and 5:00 p.m. the day of surgery
