



Paws N Hooves Veterinary Hospital

3233 N. Mesa St. Suite 210, El Paso, Texas 79902

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Helping El Paso Help Their Pets Through High Quality Medicine and Education!

MVC Dental Anesthesia Release Form

Date: _____ Chart Number _____

Owner's Name _____ Phone Number _____ Alternate Phone Number _____

Patient's Name _____ Species _____ Breed _____ Color _____ Age _____

I am the rightful owner of the above named pet. Yes _____ No _____ Last time my pet ate _____ am/pm

Does your pet suffer from any health conditions, including seizures? Yes _____ No _____

If yes, please list those health conditions _____

Is your pet on any medications including supplements or vitamins? Yes _____ No _____

If yes, please list medications and date/time last administered _____

Is your pet allergic to medications? Yes _____ No _____ If yes, please list medications _____

Is your pet on heartworm preventative? Yes _____ No _____ Flea and tick preventative? Yes _____ No _____

If yes, name products and list when last doses were given _____

_____ If fleas and/or ticks are found on my pet during his/her procedure, the veterinarian reserves the right to treat my pet with a dose of flea/tick preventative. (please initial)

Is your pet having or recently had any of the following symptoms?

Vomiting? Yes _____ No _____ Diarrhea? Yes _____ No _____ Loss of Appetite? Yes _____ No _____

Decreased Energy Level? Yes _____ No _____ Coughing? Yes _____ No _____

Sneezing? Yes _____ No _____ Weight Loss? Yes _____ No _____

Please initial next to following statements indicating that each statement has been explained to you and that any questions regarding those statements have been answered to your satisfaction.

_____ **CLIENT COMMUNICATION:** I am able to be contacted at one of the phone numbers listed above. I understand that I will be contacted before, during and after the dental procedure and that if I cannot be reached at any point the veterinarian reserves the right to stop the procedure even if my pet is already anesthetized. If I am not able to answer my phone today, then the procedure needs to be rescheduled for a day when I can answer my phone.

_____ **IV CATHETER AND FLUIDS:** My pet will have an intravenous (IV) catheter placed during his/her procedure to maintain hydration and support blood pressure. The IV catheter is also necessary for administration of emergency medications in the event of any anesthetic complications. **THIS IS NOT OPTIONAL.** My pet's leg will be shaved for the placement of this IV catheter.

_____ **PRE-ANESTHETIC BLOODWORK:** I understand that bloodwork is recommended for every pet undergoing an anesthetic procedure. Bloodwork abnormalities can exist in even young and seemingly healthy patients and may indicate the need to postpone the anesthetic procedure for a later date. If I decline bloodwork for my pet I assume the risks associated with this lack of information. If my pet is over 6 years of age, he/she must have a minimum of a presurgical chemistry performed. If my pet has stage 3 periodontal disease or worse as determined by the veterinarian, he/she must have a minimum of a complete blood count and presurgical chemistry performed.

_____ **RADIOGRAPHS:** I am aware that my pet will have dental radiographs (x-rays) of the oral cavity performed during today's dental procedure. **THIS IS NOT OPTIONAL.**

_____ **ORAL SURGERY:** Oral surgery to extract unhealthy teeth is often necessary during dental prophylaxis. There are a variety of reasons for dental extractions including, but not limited to, infection, fractures and caries (cavities). These conditions can result in severe pain and systemic infections that can affect



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other organ systems including the heart, liver and kidneys. Some tooth abnormalities may not be detected until your pet is anesthetized and his/her teeth have been cleaned and radiographs have been performed. Due to the possible consequences, our veterinarians WILL NOT leave teeth in your pet's mouth that are deemed unhealthy. I understand and consent that I will be financially responsible for the oral surgery deemed necessary by the veterinarian. I also understand that the veterinarian will recommend and/or provide the option of referral to a dental specialist in the event that advanced surgical procedures are necessary to remedy the degree of dental disease in my pet.

LASER THERAPY: I am aware that I can elect for cold laser therapy after oral surgery for my pet, which will accelerate healing and reduce pain. This treatment is an additional cost. Initial one of the following. I elect for laser therapy after my pet's dental procedure OR I decline laser therapy

COMPLICATIONS: I have been made aware of the possible complications associated with today's dental procedure, including, but not limited to post-surgical infections and jaw fractures. I am also aware that there are inherent risks associated with any anesthetic event, with the most severe complication being ANESTHETIC DEATH.

Resuscitation Code:

In the event that my pet were to go into cardiopulmonary arrest during his/her procedure, I will be contacted immediately. However, in the event that I cannot be contacted, I elect for the following to be done (initial one statement):

I elect to have the veterinarian and staff perform cardiopulmonary resuscitation (CPR) on my pet. I am aware that CPR is not always successful. If after 20 minutes, my pet has not regained respiratory and/or cardiac function, the veterinarian will elect to discontinue CPR. I am also aware that even if CPR is successful, my pet may still have neurological and/or other organ system deficits due to oxygen deprivation that may or may not be permanent. I agree to be financially responsible for the additional costs associated with CPR, which will be a MINIMUM of \$75.

Do not resuscitate

I, (printed name) _____, give consent to Mesa Veterinary Clinic to perform this anesthetic dental procedure and will not hold them responsible for any complications that may arise prior to, during or after the procedure. This list of complications includes, but is not limited to, anesthetic death. I acknowledge that there is no guarantee as to the outcome or results that may be obtained in the event that a complication does arise. I give the veterinarian consent to make any decisions deemed necessary for the well-being of my pet. I also agree to pay for all services rendered, including unforeseen emergency measures.

Owner Signature: _____ Date: _____

Technician please print and sign name indicating that you have reviewed the above information with the owner and have answered any additional questions they may have.

Printed Name: _____

Signature: _____ Date: _____