

**Animal Health Clinic of Funkstown**  
**Authorization for Anesthesia and Dental Care for Felines**



Client Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species: **Feline**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female  Neutered  Spayed

I, the undersigned owner or agent of the owner, of the pet identified above, certify that I  **am or**  **am not** eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the dental cleaning & polishing, visually checking & probing all teeth & basic radiographs. Sometimes during routine dental cleanings we find teeth that have potential problems. In the event that this happens:

**Please initial which treatment option you prefer:**

**OPTION 1** \_\_\_\_\_ I authorize any tooth extractions that are not known at the time the procedure commenced, but the Doctors feel is the best medicine for my pet. The cost of the extractions will vary depending on the teeth involved.

**OPTION 2:** \_\_\_\_\_ Please call me if the total cost of treatment (including the dental cleaning, radiographs and recommended extractions) exceeds \$ \_\_\_\_\_. I understand that if I cannot be reached within 5 minutes of AHC calling, my pet will be recovered from anesthesia without all necessary treatment performed.

**OPTION 3** \_\_\_\_\_ Please call me before performing any additional treatments on my pet. I understand that if I cannot be reached within 5 minutes of AHC calling, my pet will be recovered from anesthesia without all necessary treatment performed.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or technician before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care.

I understand that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also understand that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that an estimate of the fees for the above dental care will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

**Phone number(s) at which you or your agent can be reached today and/or tomorrow.**

\_\_\_\_\_

I would prefer to be texted with updates on my pet?  Yes  No

Rabies: CURRENT  DUE  Certificate with clinic/hospital and expiration date: \_\_\_\_\_  
(Proof of a current rabies vaccination is required at time of surgery. Pets that do not have a current rabies vaccine or cannot provide proof of vaccination will be vaccinated the day of the surgery)

Other Vaccinations:  CURRENT  Please update today  NO, I am not interested in vaccinating my pet at this time

Fecal examination within the last 6 months:  YES  NO  Please check a sample today

Is your pet on heartworm preventative? YES  NO

Any vomiting, coughing, diarrhea in the past 14 days? NO  YES  Please explain: \_\_\_\_\_

Did your pet EAT this morning? NO  YES

Is your pet allergic to any drugs? NO  YES  please explain: \_\_\_\_\_

Has your pet had ANY illness or injury in the past 30 days? NO  YES  Please explain: \_\_\_\_\_

Is your pet on any medications? NO  YES  \_\_\_\_\_

Is there **ANYTHING** we should know about your pet? \_\_\_\_\_  
(i.e. liver, kidney, heart problems, in heat, pregnant, etc.)

**Microchip** is a Permanent Pet Identification and is a proven way to successfully recover your pet if it should be lost or stolen.

YES  NO  already has a microchip **Microchip Id:** \_\_\_\_\_

**PRE-ANESTHETIC BLOOD TESTING:** Anesthesia carries some risk. Therefore, blood testing is recommended before general anesthesia. The anesthetic agents are often removed from the body by the kidneys and liver, so it is important to know before anesthesia that these organs are functioning correctly. The CBC helps us to determine if your pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination to proceed with surgery or not. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet.

INITIAL IF YES \_\_\_\_\_ FOR BLOOD WORK INITIAL IF NO \_\_\_\_\_ FOR BLOOD WORK

INITIAL IF \_\_\_\_\_ BLOOD WORK HAS BEEN PERFORMED WITHIN LAST 30 DAYS Date: \_\_\_\_\_

*REMEMBER: Blood work is REQUIRED for all pets 7 years of age or older and for any pet with any pre-existing medical condition that may increase the risks of anesthesia.*

**FELV/FIV Testing:** FELV is spread when the saliva of an infected cat comes into contact with your cat. For example: mutual licking, grooming, sharing food and water bowls or fighting. FIV virus is in the blood of the infected cat, and it is spread when one cat bites or scratches another. These viruses are highly contagious and fatal. Both viruses can be detected by a blood test.

INITIAL IF YES \_\_\_\_\_ FOR FELV/FIV TEST INITIAL IF NO \_\_\_\_\_ FOR FELV/FIV TEST

**Laser Therapy:** Laser therapy has been proven to reduce pain, reduce inflammation and speed healing. The additional fee for post-operative laser therapy:

INITIAL IF YES \_\_\_\_\_ FOR LASER THERAPY INITIAL IF NO \_\_\_\_\_ FOR LASER THERAPY

**Cerenia Injection:** A cerenia injection will help prevent nausea and vomiting and improves recovery in pets undergoing surgery.

INITIAL IF YES \_\_\_\_\_ FOR CERENIA INITIAL IF NO \_\_\_\_\_ FOR CERENIA

**I have read and fully understand the terms and conditions set forth above.**

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date  
(if owner/agent less than 18 years of age)

\_\_\_\_\_  
Date