



**Good Friends
Animal
Hospital**

Authorization to Perform Dental Treatment

No anesthesia is without some risk, however small. Therefore, we **require** blood tests be performed prior to administering anesthesia.

We can perform the following tests in the hospital. Please indicate your preference.

- Pre-anesthetic Blood Testing**, advised for healthy pets under 7 years of age (\$35.50)
- Comprehensive Blood Testing**, advised for pets over 7 years of age (\$79.25)
- Thyroid test for cats**. This is advised for cats 7-10 years of age and required for all cats over 10 years of age (\$37.50)

I authorize Dr. Cole or Dr. Kuchenbrod to perform upon _____
a dental exam and dental cleaning plus _____.

If any unforeseen condition arises calling in her judgment for procedures, in addition to, or different from those now contemplated,

- I authorize her to do whatever she deems advisable without first contacting me, realizing the cost may be \$50 to \$200 more than the estimate.*
- Contact me prior to any additional procedure. If I cannot be reached I authorize her to do whatever she deems advisable without contacting me, realizing the cost may be \$50 to \$200 more than the estimate.*
- Contact me prior to any additional procedure. If I cannot be reached, do not perform any additional procedures.*

Dental x-rays will be taken if medically indicated.

If, on exam, problem areas are noted, we may take dental x-rays to diagnose trouble areas below the gum line. Dental x-rays cost \$13.50 per small x-ray and \$16.95 per large x-ray.

The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I fully understand that there may be risk to such procedures. I authorize the use of appropriate anesthetics and other medications. If an exam or flea treatment is required, there may be additional charges.

Pain medication will be prescribed if medically indicated. **There will be an additional charge for pain medicine.**

Complimentary nail trim. Please check one box. (**NOTE:** Cat's nails may be trimmed for safety reasons.)

- Yes**, please trim my animal's nails while under anesthesia
- No**, thanks.

I, the undersigned, have read and do understand this consent.

Signature of pet owner or responsible agent

Date

Phone number at which I can be reached the morning of the procedure