



The Dental/Anesthesia Form is available to be filled out before your pet's procedure. Filling this out ahead of time will allow us to check in your pet with minimal delay!

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Owner's Name

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Pet's Name

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Species

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Breed

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Today's Contact Number

As the owner (or agents of the owner) of the animal described above, I hereby authorize the veterinarians and staff of Westside Veterinary Hospital to perform such anesthetic and surgical procedures as are necessary and advisable for my pet's health and well-being. I have been advised as to the nature of the procedure(s) to be performed and the risks involved. I understand that unforeseen conditions may arise, and if so, I authorize Westside Veterinary Hospital to take the necessary steps to ensure safe care of my pet in the event I cannot be reached. I realize no guarantee can be made regarding the outcome of the procedure(s) to be performed and will not hold the doctors or staff of Westside Veterinary Hospital responsible if unexpected circumstances arise that lead to my pet's injury, illness or death. I have read and understand this consent.

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Signature

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Date

#### PRE-ANESTHETIC BLOOD SCREEN RECOMMENDATION

Anesthesia carries some risk, even though it may be small. Therefore blood testing is recommended before general anesthesia. The anesthetic agent is removed from the body by the liver and kidneys, so it is important to know before anesthesia that these organs are functioning at 100%. Blood work, while no guarantee against problems, can help us make this determination. If we have not already recommended this blood screen already, we can perform this today using our fully equipped in-house laboratory. To request this service, sign below.

☐ I have read the above statement and I want my pet to have a pre-anesthetic blood screen at a cost of \$105.

☐ I have read the above statement and I DO NOT want pre-anesthetic blood screening

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Signature

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Date



### AUTHORIZATION FOR POSSIBLE EXTRACTIONS/BIOPSIES

When any dental procedure is being performed, it is important to know that we will be inspecting every facet of your pet's oral cavity within that timeframe. In many cases, we find diseased teeth requiring extraction or treatment and growths requiring removal and/or biopsy. Pre-authorizing recommended procedures helps us streamline your pet's procedure and minimize the time they are under sedation. Please select from the choices below.

- ☐ I have read the above statement and I authorize you to do what is recommended and best for my pet at the time of the dental procedure. The cost of extra work will be added to your bill and is based on time and degree of difficulty.
- ☐ I have read the above statement and I DO NOT authorize any other recommended procedures without speaking with a doctor first.

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Signature

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Date

### ADDITIONAL SERVICES

Many services are considerably easier to perform and more comfortable for your pet while under anesthesia. Please check the appropriate box of additional services you would like performed in addition to today's procedure.

- ☐ Anal gland expression
- ☐ Microchip Implantation
- ☐ Nail Trim and Dremmel
- ☐ Nail Cut Back
- ☐ Ear Cleaning
- ☐ Miscellaneous

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Signature

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Date

Please remember no food after midnight the day before your pet's procedure.

Please double-check that the telephone number is correct and one that you will have access to in case we need to get a hold of you urgently.