

BY-PASS ANIMAL CLINIC
1401 LEXINGTON RD. RICHMOND, KY 40475
PHONE: (859) 625-1144

STANDARD CONSENT FORM FOR DENTAL TREATMENT

PLEASE TAKE TIME AND READ THIS CONSENT FORM CAREFULLY. IF YOU HAVE QUESTIONS, SPEAK TO ONE OF THE STAFF. WE UNDERSTAND THAT THERE ARE NUMEROUS OPTIONS TO CHOOSE FROM. WE CONSIDER IV FLUIDS, PAIN MEDS, AND LASER USE AS BETTER MEDICINE BUT UNDERSTAND THAT THEY MAY BE COST PROHIBITIVE, THEREFORE THEY ARE OPTIONAL.

OWNER'S NAME _____ NAME OF PET _____
ADDRESS _____ SPECIES/BREED _____
RECORD NUMBER _____ SEX/COLOR _____

I AM THE OWNER OF THE PET DESCRIBED ABOVE AND HAVE THE AUTHORITY TO EXECUTE THIS CONSENT. I HEREBY CONSENT AND AUTHORIZE THE PERFORMANCE OF THE FOLLOWING PROCEDURE(S).

I UNDERSTAND THAT DURING THIS PROCEDURE UNFORESEEN COMPLICATIONS MAY NECESSITATE AN EXTENSION OF THE PROCEDURE(S) THAN THOSE SET FORTH ABOVE. THEREFORE I HEREBY CONSENT TO AND AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURE(S) AS ARE NECESSARY AND DESIRABLE BASED ON THE VETERINARIAN'S PROFESSIONAL JUDGEMENT. I AUTHORIZE THE USE OF APPROPRIATE ANESTHETICS, AND OTHER MEDICATIONS DEEMED NECESSARY BY THE VETERINARIAN. I HAVE BEEN ADVISED AS TO THE NATURE OF THE PROCEDURE(S) AND THE RISKS INVOLVED. I REALIZE THE RESULTS ARE NOT GUARANTEED.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT.

___/___/___ _____ PHONE#

We must have a phone number where we are able to reach you during the day. If we need to speak with you and are unable to reach you, your pet's surgery/appointment will be rescheduled.

FOR ALL SURGERY PATIENTS

___ (initial) SURGERY, ESPECIALLY ABDOMINAL SURGERY, CAN BE PAINFUL. IF YOUR PET IS PAINFUL, MAY WE ADMINISTER PAIN MEDICATION? BOTH ORAL PILLS AND/OR INJECTABLES ARE AVAILABLE (**\$9-30+**). FEEL FREE TO ASK FOR DETAILS. **PAIN PILLS / PAIN INJECTION /NO**

___ (initial) PLEASE CIRCLE ONE: MY PET **DID / DID NOT** EAT AFTER MIDNIGHT LAST NIGHT. PETS CAN HAVE SEVERE COMPLICATIONS IF THEY HAVENOT BEEN FASTED PROPERLY BEFORE AN ANESTHETIC/SURGICAL PROCEDURE.

(initial) IF FLEAS ARE OBSERVED ON YOUR PET(S), THEY WILL BE TREATED WITH CAPSTAR AT THE OWNER'S EXPENSE.

___ (initial) **IT IS REQUIRED BY STATE LAW FOR ALL DOGS AND CATS OVER 4 MONTHS OF AGE TO BE CURRENTLY VACCINATED FOR RABIES. IF YOUR PET IS NOT CURRENT ON HIS/HER RABIES VACCINE, MAY WE VACCINATE IT AGAINST THIS DISEASE FOR A COST OF \$12 FOR DOGS, \$12/20 FOR CATS.**
ACCEPT/DECLINE

CATS ONLY:

IF YOUR CAT HAS NEVER BEEN TESTED FOR FELINE LEUKEMIA OR FELINE AIDS, OR IF YOUR CAT HAS BEEN TESTED, BUT HAS BEEN OUTDOORS SINCE THE TEST OR AROUND UNTESTED CATS AND IS NOT UP TO DATE ON VACCINATIONS, WE RECOMMEND TESTING FOR FELINE LEUKEMIA AND FIV BEFORE ANY ANESTHETIC/SURGICAL PROCEDURE (**\$40.00**).

PLEASE CIRCLE ONE: **NON-APPLICABLE / DECLINE / ACCEPT** (initial) _____

ALL PETS:

ROUTINE PRE-SURGICAL BLOODWORK IS RECOMMENDED BUT NOT REQUIRED. EVERY PET, EVEN A YOUNG HEALTHY ONE, SHOULD HAVE A PRE-ANESTHETIC BLOODWORK PANEL TO CHECK FOR ABNORMALITIES WE MAY NOT BE ABLE TO DIAGNOSE FROM A PHYSICAL EXAM ALONE (**\$84.00**).

ACCEPT / DECLINE (initial) _____

DOGS UNDER 10 LBS:

WE HIGHLY RECOMMEND HAVING THE GLUCOSE LEVEL CHECKED, AS LOW BLOOD SUGAR CAN CAUSE COMPLICATIONS IN SMALL DOGS UNDERGOING ANESTHESIA. (**\$12.00**).

ACCEPT / DECLINE (initial) _____

DOGS ONLY:

WE NOW HAVE A NEW ANESTHESIA, CALLED SEVOFLORANE, IN WHICH HOSPITALS USE FOR INFANT AND NEWBORN SURGERY. THIS FORM OF ANESTHESIA HELPS THE PATIENT GO TO SLEEP AND WAKE UP FASTER, WE ESPECIALLY RECOMMEND THIS FOR DOGS OVER 5 YEARS OF AGE AND UNDER 25 LBS. WE OFFER THIS FORM OF ANESTHESIA TO BE USED ON YOUR DOG FOR THE EXTRA COST OF **\$20.00** FOR THE FIRST 30 MINUTES AND THEN **\$20.00** FOR EACH ADDITIONAL 15 MINUTES REQUIRED. MOST ROUTINE PROCEDURES SUCH AS SPAY OR NEUTER ONLY REQUIRE 30 MINUTES.

ACCEPT / DECLINE (initial) _____

DENTAL EXTRACTION:

WHILE CLEANING, WE MAY FIND TEETH THAT ARE LOOSE OR BROKEN, OR BABY TEETH THAT HAVE BEEN RETAINED. IF THESE ARE LEFT IN THE MOUTH THEY CAN CAUSE IRRITATION, PAIN, OR COULD ABSCESS LATER IF UNTREATED. IF WE FIND A LOOSE, BROKEN, OR BABY TOOTH THAT NEEDS TO BE REMOVED, MAY WE EXTRACT IT FOR AN EXTRA COST OF **\$10-\$35** PER TOOTH?

ACCEPT / DECLINE (initial) _____

DENTAL XRAYS:

BEING ABLE TO SEE THE AREA UNDER THE GUMS ALLOWS FOR MORE THOROUGH ASSESMENT AND TREATMENT. DENTAL XRAYS CAN EXPOSE FRACTURES, INTERNAL DISEASE, FOREIGN OBJECTS OR GROWTHS ASSOCIATED WITH THE TEETH ROOTS AND SURROUNDING TISSUES. EVEN IF NO PREVIOUS ISSUES HAVE BEEN NOTED, A FULL MOUTH XRAY CAN PROVIDE A GOOD BASE LINE FOR FUTURE COMPARISON. ONE SINGLE VIEW XRAY IS **\$25**, TWO VIEWS ARE **\$45**, AND FULL MOUTH XRAYS ARE **\$60**.

ACCEPT ONE / ACCEPT TWO / ACCEPT FULL MOUTH / DECLINE (initial)

PATHOLOGY FOR GROWTH REMOVALS:

PATHOLOGY IS DONE TO DETERMINE WHAT TYPE OF LESION IS PRESENT SO THE DOCTOR KNOWS HOW TO PROCEED WITH TREATMENT AND/OR MONITOR THE SITE OF THE GROWTH. THE COST FOR THE FIRST SITE IS **\$100.00** AND FOR EACH ADDITIONAL SITE IS \$36.00. PLEASE CIRCLE ACCEPT OR DECLINE IF THE DOCTOR RECOMMENDS PATHOLOGY.

ACCEPT / DECLINE (initial) _____

MICROCHIPS:

IMPLANT A MICROCHIP FOR **\$49.00**. PERMANENT IDENTIFICATION THAT HELPS RECOVER PETS WHEN LOST OR STOLEN.

ACCEPT / DECLINE (initial) _____

FLUID THERAPY:

AN INTRAVENOUS CATHETER CAN BE PLACED INTO A VEIN (USUALLY IN THE FRONT LEG) THROUGH WHICH FLUIDS AND MEDICINES CAN BE GIVEN. FLUIDS GIVEN DURING SURGERY HELP MAINTAIN BLOOD PRESSURE AND HEART RATE. PLEASE NOTE THAT SOME HAIR WILL BE SHAVED ON THE LEG WHERE THE IV CATHETER IS PLACED. THIS SERVICE CAN BE ADDED FOR **\$40.00**. **ACCEPT / DECLINE** (initial)_____

E-COLLAR:

WE OFFER THE OPTION OF AN E-COLLAR TO PREVENT YOUR PET FROM LICKING OR BITING AT SUTURES FOR AN ADDITIONAL **\$8-\$12**.

ACCEPT/ DECLINE (initial) _____