

ANIMAL HOSPITAL OF THE WOODLANDS DENTAL PROPHY AUTHORIZATION FORM

CLIENT _____ Patient: _____ Owner's Phone Number: _____

Additional requested procedures _____ (estimate provided upon request)

Pre-Anesthetic Blood Testing: Animal Hospital of The Woodlands greatest concern is the well being of the pet. Before putting a pet under anesthesia, the staff will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys, or blood, are not detectable unless blood testing is performed. Such tests are especially important before any kind of surgery, and are highly recommended. The Hospital laboratory is fully equipped and staffed to perform these important blood tests. Results will be immediately available to examine before anesthesia and/or surgery. **REASONS TO TEST INCLUDE:** **In the young:** 1. to assure proper kidney and liver function. 2. To assure adequate oxygen carrying capacity and ability to fight infection. 3. To assure adequate platelets for blood clotting. 4. Establish a baseline. **In the middle aged:** 1. to identify "early warning" signs of major blood and organ dysfunction. 2. To compare and/or establish baseline values to monitor as the pet ages. **In the geriatric or sick:** 1. in the **geriatric** to gain the broadest overview of the health status of older patients, which are more likely to exhibit multiple organ dysfunction or chronic disorders. 2. In the **sick** to rule-out major organ and blood dysfunction for visibly sick patients. **When performing dental procedures, the Hospital always does the pre-anesthetic blood testing, this is included in the price of the surgery.**

Anesthesia: All dental procedures are done using isoflurane gas unless special health concerns indicate sevoflurane preference. _____ Yes, please use sevoflurane gas at \$99.70 per hour (an additional cost of \$34.20 per hour)

Home Again Microchip: A home again microchip identifies and aids in the recovery of a lost pet. This may be implanted prior to recovery from sedation at a reduced cost of \$85.78. **YES** **NO**

A dental prophy includes isoflurane anesthesia, patient monitoring, instrument pack, diagnostic radiographs if indicated, prophalaxis, subgingival curettage, root planing, polishing, fluoride treatment, antibacterial flush, full dental exam, dental charting and recovery. Additional procedures may include radiographs, extractions, antibiotics, endonics, gum surgery or other surgical procedures and home care products. These additional service incur additional charges.

_____ **OraVet Plaque Prevention System:** Barrier sealant in hospital application \$35.00
Home Care Kit plaque prevention gel \$29.00

Surgical Consent (Please check one)

- I prefer Animal Hospital of The Woodlands to precede with all procedures.
- I prefer to be phoned prior to any additional procedures, other than emergencies, at the above phone number. However if I cannot be reached, I authorize unforeseen, non-emergency procedures.
- If I cannot be reached, I do not authorize unforeseen, non-emergency procedures.

I am the owner, responsible agent for, or authorized agent of this animal. I understand the nature of the procedure(s), that there are risks involved with any surgery or procedure, and that results cannot be guaranteed. I authorize the veterinarians and staff or designated agents of Animal Hospital of The Woodlands to perform all procedures as set forth above and on the surgical consent and authorization form, including surgery, treatment, laboratory tests, radiographs, medications, and anesthetics. Further in case of an emergency, I consent to any necessary procedure not set forth in this form, should that procedure be necessary in the attending veterinarian's professional judgment. I understand that an attendant is not on hospital premises 24 hours a day and that after -hours care is provided as necessary in the judgment of the veterinarian in charge. I consent to the release of medical information.

I agree to pay in full for services performed, including those deemed necessary for medical or surgical complications; or unforeseen circumstances. The estimate is based on the best information currently available and is not a guarantee of charges or duration of hospitalization. We want to give the best possible care for your special companion. To do so, we must sometimes run tests or do procedures that we did not anticipate when giving you this estimate. We will make an effort to inform you of tests or procedures that cause an increase in the estimate. The estimate does not include future diagnostics, procedures, reevaluations, or treatments. Payment is due upon discharge.

Signed: _____

Date: _____