

Dental Anesthetic Form

(Office use only) Animal ID #:

Date:

Your First Name _____ Your Last Name _____ Circle One: CAT DOG OTHER
Your Pet's Name _____ Pet's date of birth _____ Circle One: MALE FEMALE
Pet's Breed _____ Pet's Color _____
Address _____ City _____ State _____ ZIP _____
Phone Number (where we can reach you TODAY) _____ Alternate Phone Number _____
Email Address _____

The Humane Society of Huron Valley uses qualified staff & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery.

Carefully read and ensure you understand the following before signing your name:

I, acting as owner or agent of the pet named above, hereby request and authorize the Humane Society of Huron Valley, through whomever veterinarians they may designate, to perform an operation for a dental cleaning and potential teeth extractions of the animal named on the above portion of this form.

INITIAL BELOW

- _____ I understand that the operation or procedure presents some hazards and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure and some risk in the use of anesthetics and drugs provided for the procedure.
- _____ I understand that some factors significantly increase surgical risk, including but not limited to diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia Virus (FeLV), obesity, and heartworms or heart disease.
- _____ I understand that the HSHV Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.
- _____ I either certify that my animal has been vaccinated within 1 year prior to this date or request recommended/required vaccinations at the time of surgery. I understand that it takes up to 2 weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure.
- _____ I understand that if my pet develops kennel cough or URI after surgery, I am responsible for treatment at my own cost.
- _____ I understand that it is in my animal's best interest to have blood work performed and that a chemistry panel is **REQUIRED** for animals that are 7 years and older.
- _____ I certify that my animal has had no food since 12:00 midnight the evening prior to surgery.
- _____ I understand that my animal will receive a free toenail trim while under sedation unless I request otherwise.
- _____ I understand that if live fleas are found on my animal, I will be charged a \$5 fee (at time of pickup) for Capstar medication given to keep the surgical site sterile and free of fleas.
- _____ I understand that tooth extractions will be performed as deemed medically necessary by the dental surgeon today and the final number of extractions may differ from the amount anticipated at the time of the dental consultation.
- _____ I understand that, although rare, the removal of some teeth may result in unavoidable consequences such as jaw fractures. Repair of any subsequent fractures or injuries will result in additional charges that I agree to be responsible for.
- _____ I understand that due to the increased risk of prolonged anesthesia time, HSHV will not call me while my animal is sedated to get tooth extractions approved and I will be responsible for any costs associated with the procedure.

I hereby release the Humane Society of Huron Valley, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such procedure of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold Humane Society of Huron Valley harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Requested Vaccines and Services OR ☐ I HAVE PROOF OF CURRENT RABIES AND DISTEMPER VACCINATIONS

Dogs:

- ☐ Rabies 1 Year \$30*
- ☐ Rabies 3 Year \$40*
- ☐ Distemper booster or 1 year \$30*
- ☐ Distemper 3 Year \$40*
- ☐ Leptospirosis booster or 1 year \$25 (or \$0 w/Distemper)
- ☐ Bordetella (Kennel cough) \$30
- ☐ Canine Flu booster or 1 year \$30
- ☐ Microchip \$30

* required service w/out proof of vaccination

Cats:

- ☐ Heartworm Test (Dogs) \$35
- ☐ Rabies PureVax 1yr \$45*
- ☐ Rabies PureVax 3yr \$110*
- ☐ Distemper booster or 1 year \$30*
- ☐ Distemper 3 Year \$40*
- ☐ FeLV PureVax booster or 1 year \$41**
- ☐ FeLV/FIV/HWT Test \$40
- ☐ Microchip \$30

**A negative test is required before administration

Bloodwork: (required on animals 7 years or older OR large breed dogs 4 years and older)

☐ Full Chemistry Panel \$180

☐ Pre-Anesthetic Panel \$140

☐ Decline _____ (Initial if decline)

☐ Bloodwork has been done in the last 6 months and I have records

 I would like to donate to help keep surgeries affordable and save lives in my community \$ _____

SIGNATURE _____

DATE _____

HSHV Dental Product Consent Form

Pet Name: _____ Animal ID Number: _____

For Cats and Dogs

OraVet Sealant (\$36):

OraVet Sealant is a protective coating applied to an animal's teeth while under anesthesia to help prevent buildup of plaque and calculus.

- ☐ Yes, I would like OraVet Sealant applied to my pet's teeth today
- ☐ No, I would NOT like OraVet Sealant applied to my pet's teeth today

Dogs Only

Doxirobe Gel (\$100) This product is only labeled for use in dogs:

Doxirobe Gel is an antibiotic gel administered while an animal is under anesthesia. It aids in healing of deep pocketing around teeth and can prevent the need for tooth extractions under certain circumstances.

- ☐ Yes, I would like Doxirobe Gel applied to my pet's teeth today if the vet deems it appropriate
- ☐ No, I would NOT like Doxirobe Gel applied to my pet's teeth today

Owner Signature: _____ Date: _____



Your pet is being hospitalized for a procedure that requires anesthesia. In the event your pet experiences cardiac arrest (heart stops beating), respiratory arrest (stops breathing) or other life-threatening emergency that requires resuscitative or other urgent care measures, please read the information provided below and indicate how you would like the medical team to proceed with care for your pet.

- **CPR** stands for **C**ardio **P**ulmonary **R**esuscitation. CPR is the attempt to resuscitate (revive) a pet who has stopped breathing or whose heart has stopped beating.
- **DNR** stands for **D**o **N**ot **R**esuscitate. This means that if a pet stops breathing or their heart stops beating, no effort will be made to attempt to revive the pet, and the pet will die.

Animals that have been successfully resuscitated are extremely critical and unstable. There is a high possibility that an animal may rearrest following initial resuscitation efforts. Following a successful resuscitation, brain damage is possible due to temporary lack of oxygen to the brain, which can result in physical and/or mental disabilities.

Management of a pet after successful initial resuscitation requires vigilant monitoring for 24 to 48 hours which is beyond the capabilities of Humane Society of Huron Valley. If your pet requires CPR and resuscitation efforts are successful, your pet will be discharged into your care once your pet is stable. It is advised that you seek care and monitoring at a 24-hour emergency/specialty care veterinary hospital at your expense.

I have read and understand the above terms and information. I request the following for my pet in the event that my pet experiences cardiac arrest, respiratory arrest, or other life-threatening emergency:

☐ I authorize CPR and/or other life-saving treatment. I understand this may result in additional charges which I agree to pay for and may exceed any estimate I may have been previously provided. I understand resuscitation efforts may not be successful. I understand if resuscitation is successful my pet may suffer another arrest later and/or may suffer brain damage.

☐ I do **NOT** authorize CPR and/or other life-saving treatment. I understand this will result in the death of my pet.

Owner Signature:_____

Date:_____