ANESTHESIA/DENTAL CONSENT FORM

TO:	Thibodeaux Animal Hospital, Samuel E. Thibodeaux, DVM or attending veterinarian, 2239 Charity St. Abbeville, LA
OWNER:	PET:
	where or agent for the owner of the above described animal and have the authority to execute this consent. I hereby consent and the performance of the following procedure(s) or operation(s):
Anesthesia, Clean and polish teeth. NOTE: This procedure may involve extraction of some teeth if the veterinarian deems extraction necessary. For example, any loose teeth or teeth with most of the roots exposed will be extracted.	
necessitate Therefore, of the veter I also aut as deemed	tand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise inarian's professional judgment. Chorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed necessary by the veterinarian.
I have be	een advised as to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed.
	Additional Information
PRE-ANESTHETIC BLOOD SCREENING CONSENT	
hidden pro anesthesia. these organ work helps safety of ye diagnostic t and treat an equipped to danger to y	sia carries some risk (even though it may be small). We perform a complete physical exam on your pet before anesthesia. But blems may exist that could put your pet at risk during anesthesia. Therefore, blood testing is recommended before general The anesthetic agent is removed from the body by the liver, kidneys, and lungs, so it is important to know before anesthesia that is are functioning properly. It is also important that your pet is not anemic so that the blood can carry oxygen efficiently. Blood to make these determinations. If there is any indication of organ dysfunction, then appropriate steps can be taken to help ensure the our pet. We strongly recommend blood testing for pets over 7 years of age. Because your pet cannot tell us how it feels, testing is critical in monitoring health and detecting illness in an animal. With this information, we can most effectively diagnose y problems that arise. This information can also serve as a base line for any problems that may arise in the future. Our lab is fully perform these tests, allowing us to have results for review before anesthesia and surgery. If any of the results show a significant our pet, we will contact you before proceeding with the procedure(s). tial one of the following:
YE	S. I want my pet to have a pre-anesthesia blood screen. The fee for the blood work is \$60.
NO. I do not want a pre-anesthesia blood screen performed.	
	PAIN MANAGEMENT CONSENT
Injectable management additional of	of some dental procedures. We treat pain just like any other problem. We will evaluate your pet's pain and treat accordingly. pain medication will be given if necessary at a cost of \$15-20 depending on the size of your pet. If we believe pain not will be necessary for a few additional days, we will dispense pain medication for you to adminster at home by mouth at the cost of the pain medication prescribed. tial one of the following:
VF	S. I want my pet to have additional pain medication sent home if needed.
NO	. I do not want additional pain medication sent home for my pet.
I have read	and understand this authorization and consent.
Date/Time:	January 21, 2015, 16:18:01
Signature o	f Owner or Agent Witness