



Dental Consent Form For Cats

Please read the following information carefully-anything you authorize on this form can add additional costs to your bill.

Pet's Name: _____

Has your pet eaten today? Yes _____ No _____

Please list any medications your pet is currently taking: _____

Before putting your cat under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver and kidneys, are not detected unless blood screening is performed. Pre-surgical blood screening will check the status of your pet's liver and kidney functions as well as their glucose level.

I authorize the pre-surgical blood screening for an additional \$41.25.

Yes _____ No _____

Bleeding disorders are diseases in which blood doesn't clot normally. These disorders can be relatively minor problems OR rapidly life threatening. Before surgery we can perform two simple tests to detect many of these disorders.

I authorize testing for bleeding disorders for an additional \$58.25.

Yes _____ No _____

Feline Leukemia (FeLV) and Feline Immunodeficiency Virus (FIV) are two highly contagious and potentially fatal diseases in cats. Cats most at risk for these diseases are cats that go outdoors, fight and come from multi-cat households. These diseases can also be passed from mother cat to kitten during pregnancy. We recommend testing your cat for these diseases prior to vaccinating since the vaccines can alter the results of the FeLV/FIV testing. It is also highly recommended to test any new cats you are bringing into your household.

I authorize FeLV/FIV testing for my cat for an additional \$46.50.

Yes _____ No _____

While your cat is under anesthesia we offer microchipping at a discounted price of \$56.25 (normally \$70.25).

Yes _____ No _____

Pain medication is required and will be administered and/or sent home at the doctor's discretion. Price may vary with the size of your pet and the type of procedure performed.

Owner's Initials _____

Mass Removals Only:

A Histopathology "Histo" Report can help determine if a lump is cancerous or non cancerous. If it is cancer, it can also determine the type and extent of it. We send out our samples to an outside laboratory where a pathologist performs a close examination of the tissues and cells present. We receive results typically in 3-5 business days. The price depends on the type and number of samples sent. Additional samples sent in will increase the price.

I authorize Histopathology Testing

Yes _____ No _____ Please specify site(s): _____

Occasionally during dental cleanings, we will find teeth that, due to decay or damage, need to be removed for your pet's continued health. Authorization is always required. The total price for the extraction(s) will vary depending on which teeth, the number of teeth and severity of the decay. The cost is in addition to the cost of the dental cleaning. Sometimes dental x-rays are needed to determine the health of teeth and if extractions are necessary, these are an additional charge.

PLEASE ONLY CHECK ONE BELOW:

_____ Yes, I **DO** authorize extractions/x-rays **WITHOUT** being contacted first

_____ Please call first before extracting any teeth/x-rays

If I am not able to be contacted by phone, I **DO** give my consent for the extraction of teeth.

If I am not able to be contacted by phone, I do **NOT** give my consent for the extraction of any teeth.

_____ No, I do **NOT** authorize any extractions/x-rays.

Please be aware that if you decline any needed procedures at this time, your pet might need a second anesthesia at another time in order for those procedures to be performed.

For your pet's safety, **all cats are required to be in a carrier when leaving the clinic, limit one cat per carrier. If you do not have a carrier for your cat or have multiple cats in one carrier, you will be required to purchase a cardboard carrier from us.*

**If your pet shows signs of fleas while they are here, we will treat them with a fast acting flea medication at an additional cost and will recommend you purchase flea preventative for further treatment at home.*

Authorization and risk assessment

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) are started. My signature on this consent form indicates that questions have been answered to my satisfaction.

I authorize Pioneer Veterinary Clinic to perform any additional diagnostic treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Pioneer Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Pioneer Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise.

I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM

Owner/Responsible Agent _____ Date _____

Phone _____ (This number is one that you can be contacted at while your pet is here.)