

Azalea Lakes Veterinary Clinic
15225 Jefferson Highway
Baton Rouge, LA 70817
225-755-3838
fax: 225-755-3809
azalealakevet@bellsouth.net
www.azalealakesvetclinic.com

PAYMENT EXPECTED AT TIME OF SERVICES

Dental Cleaning Authorization Form

Client Name:
Phone Number:

Patient:
Species:

Your pet is scheduled for a dental cleaning today under general anesthesia. We highly recommend a pre-anesthetic blood profile for the purpose of insuring your pet to be in a low risk category during anesthesia. This important blood profile will help the veterinarian(s) rule out any pre-existing internal problems that may not be evident physically, but could lead to serious complications and maximizes your pet's safety during and after the procedure.

These tests include a:

1. CBC (complete blood count) that checks for bleeding disorders, anemia, infection, inflammation, and hydration.
2. Mini-health Profile that assesses blood glucose, kidney and liver function, and electrolytes.

BLOOD TESTS-additional fee will be applied

- ☐ **YES** - Please perform the pre-anesthetic blood tests and the dental cleaning.
- ☐ **NO** - Do not perform the pre-anesthetic blood tests. I have read the above paragraph and understand the anesthetic risk associated without the pre-anesthetic blood tests. I request you perform the dental cleaning without the recommended blood tests.

IV FLUIDS-additional fee will be applied

IV fluids can be administered before and during the procedure. Benefits of including IV fluids are: 1) Maintains hydration during fasting period. 2) Helps regulate blood pressure while sedated. 3) Increases blood flow to the kidneys while sedated. 4) Pets wake up faster from sedation.

- ☐ **YES** - Please administer IV fluids for my pet.
- ☐ **NO** - Do not administer IV fluids for my pet.

ADDITIONAL PROCEDURES

Due to poor oral health, additional procedures may need to be performed such as a tooth extraction, gingival hyperplasia removal, etc at an additional cost.

- ☐ **YES** - Please do what is necessary and in the best interest of my pet.
- ☐ **NO** - Do not perform any additional procedures. Call me first. By checking this box, I agree that by choosing this response I will keep my phone on me.
- (If we call and there is no answer, we will attempt to leave a voice message and send a message through the Otto app. If there is no response from you within 15 minutes we will carry on with what is medically necessary for your pet and you will be responsible for any additional costs.)

After extensive dental work or extractions, some pets may experience pain. We will administer injectable pain medications and/or antibiotics at the time of the procedure. In some cases oral pain medications and/or antibiotics may be indicated to use at home. These medications will be dispensed post procedure if needed in the veterinarian's professional judgement.

I, the owner or authorized agent of this pet, give permission for the above-mentioned procedure(s). I understand that during the procedure unforeseen conditions may be revealed that necessitate an extension of the procedure(s). I consent to and authorize the performance of such techniques as necessary in the veterinarian's professional judgment.

I understand that if my pet has live fleas/ticks present at the time of check in, he/she will be given a dose of flea/tick prevention at my expense.

Signature _____

Phone number(s) that you can be reached today: _____

Permission to text with updates: ☐ **YES** I accept ☐ **NO** I decline

Would you like your pet microchipped while he/she is sedated? We offer **microchipping** of pets which includes the microchip itself, implantation of the chip, and the first year registration with Home Again. Microchipping is an effective method of permanent identification in case a pet gets lost or stolen. **\$52.99.**

☐ **YES** I accept. ☐ **NO** I decline ☐ Already has a Microchip