



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

Dental Cleaning Authorization Form

CLIENT: _____ **PATIENT:** _____ **AGE:** _____ **DATE:** _____

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.

There is an additional fee for these important procedures, but *they are your choice*.

BLOOD TESTS-----

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.

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.

PAIN MANAGEMENT POST DENTAL-----

After extensive dental work or extractions, some pets may experience pain. We can administer injectable pain medications &/or antibiotics at the time of the procedure for an additional fee for both injections. In some cases oral pain medications &/or antibiotics may indicated to use at home for an additional fee.

YES - Please help keep my pet comfortable & give injectable pain or antibiotics as needed.
 NO - Call first.

IV FLUIDS-----

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. There is an additional fee for IV fluids perioperatively.

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

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) _____