

# Anesthesia with Dental Consent Form

Your pet is being admitted for anesthesia for a dental procedure with/without \_\_\_\_\_.  
(Additional procedure)

Anesthesia can involve some unavoidable risks; we will monitor your pet closely to ensure his/her safety and wellbeing. Our staff is well trained and we use state-of-the-art-monitoring equipment at all times. If a problem does arise, we will institute whatever measures are needed to stabilize you pet.

\_\_\_\_\_-I acknowledge that there inherently exists a risk of anesthetic complications during an anesthetic or surgical procedure. The complications can range from mild to life threatening.

Dakota Pet Hospital makes great efforts to reduce postoperative complications but complications can and do occur. I understand that I am financially responsible for any charges relating to any follow-up care, exams, surgery, anesthesia, medications or supplies recommended by Dakota Pet Hospital to remedy any complication.

\_\_\_\_\_-I understand that postoperative complications may occur and that I will be financially responsible for any care or supplies that are recommended.

\_\_\_\_\_-My pet has been fasted since last night or per Doctor instructions.

\_\_\_\_\_-Below is a list of medications my pet received this morning and any other chronic medication:

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\_\_\_\_\_-I authorize Dakota Pet Hospital to take photos of my pet for continuing education, medical publications, or promotional purposes.

It is **very important** that we have a valid phone number where you can be reached if consultation is necessary while your pet is under anesthesia.

A phone number I can be reached at: \_\_\_\_\_

Additional phone numbers/contacts that are authorized to make decisions:

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Would you like to receive text messages to the above number throughout the day? Y N

**If I am unable to be reached, I authorize:**

\_\_\_\_\_ My pet to have what extractions/treatment that must be done based on the doctor's assessment.

\_\_\_\_\_ My pet to have what extractions/treatments that must be done up to the high end of the estimate, or up to \$ \_\_\_\_\_.

\_\_\_\_\_ My pet to be woken up after 15 minutes of waiting for my return call and will have an estimate prepared for a second stage dental procedure if extraction or treatments must be done.

I hereby authorize Dakota Pet Hospital to perform the anesthetic and surgical procedures described on my pet. I realize that no guarantee or warranty can ethically or professionally be made regarding the results of treatment or cure of a problem. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are deemed necessary for the well being of my pet until further communication with me.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_