



Panorama Veterinary Services

Authorization To Perform Dental Surgery

Date: _____

Client: _____ Patient: _____

Authorization:

I verify that I am the owner (or authorized agent for the owner) of the above-named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals including the rare occurrence of death. I have had an opportunity to discuss my concerns with a technician or veterinarian.

1. _____ has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risk involved with them.

2. I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand that payment is due at the time my pet is released from the clinic. I have been given a written estimate. **Yes** _____ **No** _____

3. I understand that if overnight hospitalization is required, transfer to a 24-hour facility will be arranged at additional cost depending on the level of care required.

4. Bloodwork is mandatory for all animals before a dental procedure to ensure your pet has no underlying health concerns which might increase risks associated with surgery, anesthetic agents or medications.

5. Please give my pet a nail trim at **NO CHARGE** while he/she is under anesthetic
Yes _____ **No** _____

6. While your pet is under anesthetic, we will perform an otoscopic exam of his/her ears. Occasionally we find spear grass deep down in the ear canal that should be removed as it can cause discomfort and secondary infections. If we do find spear grass, we recommend removing it. The extra charge for this is \$39.00. Do you consent to this service if needed? **Yes** _____
No _____

7. When did your pet last eat? _____

8. Pets that are fed raw food diet are at a higher risk of developing oral infections post dental procedure. In order to decrease this risk, we ask that raw food diets are discontinued and replaced with an appropriate alternative for the week leading up to the dental surgery, and extending for 2 weeks post dental surgery.

Does your pet eat raw food? **Yes** _____ **No** _____

If yes, when was the last raw meal? _____



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9. Do you have any other concerns with your pet?

10. Is your pet on any CBD products? **Yes** ____ **No** ____ If yes, when were they last treated?

11. Is your pet on **ANY MEDICATIONS**, including Metacam, gabapentin, prednisone? **If yes, what medications and when were they last given?**

12. Does your pet have any known allergies? _____

13. Are your pets' vaccines and deworming up to date? _____

14. It is **MANDATORY** that you can be reached by phone at any time while your pet is under our care. Initial: _____

If the doctor **cannot reach me by phone** and in the event the doctor discovers additional treatment(s)/procedure(s) they deem necessary, that are not outlined on the signed estimate, I would like the doctor to:

Choose one of the following options:

_____ I **DECLINE** any additional treatment(s)/procedure(s) and I understand that my animal will be woken up from anesthetic.

_____ I **CONSENT** to the doctor proceeding with additional treatment(s)/procedure(s) over the outlined signed estimate.

- _____ up to \$200
- _____ \$201 - \$500
- _____ \$501 - \$1000
- _____ \$ other

I have read and understand this authorization

Client signature: _____

E-mail address: _____

Phone number(s) where I can be reached today:
