**Pet owner’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pet’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedure your pet is here for today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your pet on any current medications? If yes please list the name, dose, and when last given.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Weight #­­­­\_\_\_\_\_\_\_**

**Procedure: Dental Cleaning, Scaling, and polish Radiographs, and surgical treatments**

By signing this form, you authorize the doctor to treat your pet as necessary should the veterinarian or staff be unable to contact you at the number provided.

**Authorization Anesthesia and Surgical Care:**

I, the undersigned, authorize Brook Valley Veterinary Clinic to provide dental care warranted by my pet’s condition. I understand there are diagnostic and treatment options. Risks may include but are not limited to procedural complications such as infection, bleeding, treatment failure, jaw fractures, and even death; and no guarantees can be made to the result or outcome. I understand that once my pet is under anesthesia a better oral exam will be performed, and radiographs of the mouth will be taken. Extractions may be warranted based upon the exam findings.

**In the event that extractions are necessary for your pet, please initial your choice of the following:**

\_\_\_\_\_\_ Extract teeth as needed

\_\_\_\_\_\_ Do not extract teeth

**Intravenous Fluids (IV Fluids)** during surgery it is extremely beneficial and can greatly reduce the chance for cardiac complications and organ damage. It will aid in preventing dehydration and help in recovery of your pet after surgery. **The cost is $38.50 and is non optional for dental surgeries.**

**PAIN MANAGEMENT**

**Pain control is not optional at Brook Valley Veterinary Clinic. All pets will receive injectable and possibly oral medications for pain control at the expense of the pet’s owner after any oral procedure.**

At Brook Valley Veterinary Clinic, we strive to practice high quality medicine. **WE RECOMMEND** that all pets are properly screened through laboratory testing before anesthetic procedures **especially senior animals (5-8 years or older depending upon breed and size of pet).** Senior pets will have blood work performed before or at the time of anesthesia or surgery. The results of blood work screening can warn us about underlying conditions that could lead to possible complications. We are especially concerned with the condition of the liver and kidneys as these are the primary organs that metabolize anesthetic drugs.

**Please initial what blood work panels you prefer:**

\_\_\_\_ Prep panel (CBC, Chem 10) $138.30

\_\_\_\_ Full panel (CBC, Chem 17, Electrolytes) $213.05

\_\_\_\_ Senior panel (CBC, Chem 17, Electrolytes, SDMA/T4) $276.97

\_\_\_\_Heartworm, Lyme Disease, and two other tick diseases (dogs only) $60.03

\_\_\_\_Feline Leukemia/ Feline Immunodeficiency Virus (cats only) $66

\_\_\_\_ **I Decline** all blood work options understanding the risks involved.

**Advanced Directive for Resuscitation Orders**

I have discussed to my satisfaction the health status of my pet described above with Brook Valley Veterinary Clinic.

I understand if my pet's heart or breathing stops (cardiopulmonary arrest); resuscitation efforts according to the advanced directive authorized below will be undertaken by the doctor and staff of Brook Valley Veterinary Clinic. Furthermore, I understand that the doctor and staff will immediately attempt to contact me via telephone at the number listed above in the event of cardiac and/or respiratory arrest of my pet.

I request the following resuscitation effort to be implemented immediately by the doctor(s) and staff of Brook Valley Veterinary Clinic and assume the cost (**Initial one**):

(\_\_\_\_\_\_) **PERFORM CPR (Cardiopulmonary Resuscitation)**

Description: I request the doctor and staff attempt to resuscitate my pet through the utilization of artificial respiration and/or heart compression, as well as administration of various emergency medications and/or fluids as deemed necessary and appropriate by the attending veterinarian.

(\_\_\_\_\_\_) **DO NOT RESUSCITATE**

Description: In the event my pet’s heart and/or breathing stops, I request no person shall attempt to resuscitate my pet. I do provide permission to attempt to contact me at the number(s) provided.

**Parasite Note, Please Read**

\*If any parasites are found on your pet while visiting our facility, we will treat as necessary at the expense of the pet’s owner. This is **NOT OPTIONAL** and is for the protection of your pet and other pets in the clinic. Typical cost can range from $8 - $25.

**I, the undersigned, being sound of mind, voluntarily execute this order for my pet listed above, and I understand its full importance.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_

Employee initials