

WHITESBURG ANIMAL HOSPITAL & THE LODGE AT WHITESBURG
Uniting the Art of Caring with the Science of Medicine

Anesthetic Dental Release Form

Owner:	Patient:
Phone Number:	Alternate Phone Number:
Time patient last ate:	Time patient last drank:
Describe any health problems, recent illnesses, or injuries:	
List and describe known allergies:	

List All Medications (including heartworm prevention)

Medication	Strength	Dosage	Frequency	Date & Time Last Given

Our High Standard of Care Includes:

- Pre-anesthetic bloodwork to evaluate organ function
Bloodwork performed within the last 30 days may serve as pre-anesthetic bloodwork if within normal limits
- Electronic and manual monitoring during anesthesia and recovery
- Intravenous catheter and fluids to maintain blood pressure and support organ function
- Pain management during hospitalization and home recovery

Additional Services

Your pet will receive a thorough dental examination while under anesthesia. Once the examination is complete, the veterinarian may recommend one or more of the following services which are not included in a routine dental cleaning.

- | | | |
|--|---------------------------------|----------------------------------|
| Dental Radiographs – To evaluate tooth roots and surrounding bone | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Antibiotic Gel – To reduce periodontal pocket depth, and reduce gingival inflammation | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Extractions – Our goal is to save as many teeth as possible, in some cases extractions are necessary | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Home Medications – Occasionally a short round of antibiotics or pain medications may be indicated | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Home Again Microchip Insertion and Registration – To identify your pet should they become lost | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |
| Nail Trim | <input type="checkbox"/> Accept | <input type="checkbox"/> Decline |

I hereby consent and authorize Whitesburg Animal Hospital to receive, prescribe for, treat and/or operate upon:

_____	_____
Animal's Name	Age
Whitesburg Animal Hospital will use all reasonable precaution against injury or escape. I understand some degree of inherent risk, including death, is present in the use of drugs, anesthesia, and surgery. I also understand all animals must be currently immunized against contagious diseases and all canines must have a heartworm test with results below detectable limits within the last 12 months. I authorize Whitesburg Animal Hospital to bring any deficiencies up to date. I assume all financial responsibility and understand that payment in full is due when my pet is discharged.	
_____	_____
Signature of Owner	Date

Treatment Plan: Received Declined

Technician: _____



8407 Whitesburg Drive SE - Huntsville, AL 35802
Phone: 256.882.0950 Fax: 256.882.2229
Email: HappyPet@WhitesburgAnimalHospital.com
Website: WhitesburgAnimalHospital.com

Patient:	Doctor:	Technician:
Client #	Procedure:	
Vaccinations: <input type="checkbox"/> Current <input type="checkbox"/> Update	HW Test: <input type="checkbox"/> Current <input type="checkbox"/> Update	
Pre-Anesthetic Bloodwork: <input type="checkbox"/> Current <input type="checkbox"/> WNL <input type="checkbox"/> Abnormal	<input type="checkbox"/> Update	

IV Emergency Drug Dosages

Atropine:	Lidocaine:
Epinephrine Low:	Epinephrine High:

Pre-Anesthetic Physical Examination

Weight in Pounds:	Kilograms:	Temperature:
ASA Class:	Heart Rate:	
Pain Score:	Respiratory Rate:	
Notes:		

IV Catheter Gauge:	Placement:
Fluid Type:	Rate:
Endo Tube Size:	Bag Size:
Gas: <input type="checkbox"/> Isoflurane <input type="checkbox"/> Sevoflurane	O2 Flow Rate:

Medications

	Name	Amount	Route	Site	Time
Pre-Med					
Induction					
Pain					
Antibiotic					
Other					

Time													
Vaporizer													
Temp													
HR													
RR													
BP													
MAP													
SP02													
C02													

CRI

Fluids: <input type="checkbox"/> LRS <input type="checkbox"/> NaCl	Bag Size: <input type="checkbox"/> 250 mL <input type="checkbox"/> 500 mL <input type="checkbox"/> 1000 mL
<input type="checkbox"/> Morphine Mg Added:	<input type="checkbox"/> Hydromorphone Mg Added:
<input type="checkbox"/> Lidocaine Mg Added:	<input type="checkbox"/> Ketamine Mg Added:

Time													
Rate													
Pain Score													

Notes:

AM Post-Op Notes:

- Billed
 Estimate Compared to Bill
 Anesthesia/Controlled Drug Log
 Histopath Sent
 Medication Form Completed
 Notes Entered
 Medications Filled
 Labs Charted
 Plan Entered
 Post-Op Notes Entered
 Ready for Discharge