

**Kentwood Cat Clinic**

3125 Breton SE  
Kentwood, MI 49512  
616-241-6369



**Cat Clinic North**

2665 Five Mile Rd NE  
Grand Rapids MI 49525  
616-364-1211

**Dentistry  
Authorization**

ID: \_\_\_\_\_ Client: \_\_\_\_\_ Patient: \_\_\_\_\_

Today's telephone numbers: \_\_\_\_\_ / \_\_\_\_\_

Your pet is scheduled for a dental teeth cleaning which requires that he/she be anesthetized. Any anesthetic procedure involves some potential risk to the patient. Side effects of anesthesia may include fatigue, nausea, vomiting, low blood pressure or, rarely, death. To limit the chance of any side effects or complications, your pet will have an intravenous catheter placed and receive intravenous fluids throughout the anesthetic procedure to maintain normal blood pressure and organ blood supply.

The dental teeth cleaning and thorough oral examination may reveal one or more teeth that are diseased or damaged enough to require dental x-rays and/or extraction. Please initial your preference below:

- \_\_\_\_\_ Perform any necessary dental x-rays / extractions.
- \_\_\_\_\_ Call me first before performing dental x-rays / extractions. If unable to reach me, perform dental x-rays / extractions.
- \_\_\_\_\_ Call me first before performing dental x-rays / extractions. If unable to reach me, do not perform dental x-rays / extractions. *An additional anesthetic procedure will be needed to perform dental x-rays / extractions at a later date.*

Current immunizations are required. Your pet is due for: Rabies FVRCP FeLV

To avoid vomiting and aspiration of stomach contents while anesthetized, we ask the client to remove the pet's access to food after 8:00 the evening before a scheduled procedure. If your pet has had access to food during this time, the dental teeth cleaning must be performed later in the day and your pet may need to stay until evening or the next day for discharge.

My pet HAS HAS NOT had access to food since 8:00 pm last evening.

For the health and safety of your pet, pre-anesthetic blood work is performed to determine if any condition(s) exist which would increase the risk of anesthesia. This blood work is required in pets eight years of age and older, and highly recommended in younger pets. If your pet is younger than eight years of age, please initial your preference below:

- \_\_\_\_\_ Yes, please test my pet.
- \_\_\_\_\_ No, I decline the testing recommendation and accept the increased anesthetic risk.

Additional requests/concerns: \_\_\_\_\_  
\_\_\_\_\_

I have read and understand the above information. I authorize Kentwood Cat Clinic / Cat Clinic North to anesthetize my pet for the scheduled procedure.

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