

Client Name: _____

Pet's Name: _____

As the owner or agent of , I hereby give my consent to perform the following procedures: Dental with possible extractions

I am aware that dental procedures for animals require the use of anesthesia too: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

Owner's Initials: _____

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. I understand that my pet may need additional extractions while under anesthesia and the attending veterinarian will make that decision and I will be notified after the dental.

Owner's Initials: _____

Please check your following choice(s):

I would like to have a more comprehensive pre-operative work-up performed on my pet (blood profile, complete blood count). **This is recommended for sick pets and pets over the age of five.**

Decline comprehensive bloodwork

I would like to have the recommended 4dx Heartworm test on dogs that are not on heartworm preventative or Felv/Fiv/Heartworm test for all cats never tested.

Decline Heartworm test or Felv/fiv testing

I would like to have any additional problems found addressed (i.e. eyes, ears, skin, intestinal worm check, etc.)

Decline

SURGICAL PAIN CONTROL

All surgical procedures cause some degree of pain. Anesthesia will prevent your pet from feeling pain during surgery, but as the anesthesia wears off, pain may become more evident for the patient.

Note: Please understand that some procedures may require administration and/or dispensing of pain medication(s) and/or antibiotics at the Veterinarian discretion.

MICROCHIP

This is a microchip placed under your pet's skin where they can be identified if ever lost. This includes lifetime registration.

I would like my pet to be micro-chipped. I decline at this time.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT:

Signature of Owner/Authorized Agent: _____

Date: _____

****Client must be 18 or older to sign. All Medical Records are legal documents.**

Phone number(s) where I can be reached today (____) ____ - _____

(____) ____ - _____