



DENTAL PROCEDURE CONSENT FORM

Folder #: _____

Date: _____ Client Name: _____ Pet's Name: _____

Phone(s) where you may be reached today: _____

Procedure(s): _____

IN-PATIENT QUESTIONNAIRE

1. What time was the last food given: _____ last water: _____
2. Does your pet show any signs of illness? _____
3. Has your pet had any previous reactions to anesthesia? Yes No
4. List any behavioral concerns (biting, fear, special needs, etc.) _____
5. List any belongings left with pet _____

The clinic will not be responsible for any lost items.

INTRAVENOUS (IV) FLUID ADMINISTRATION

Administration of IV fluids during anesthesia helps maintain blood flow to the organs and keeps blood pressure normal thereby increasing the safety of anesthesia. IV catheter and fluids are required for all anesthetic procedures on patients over 7 years of age and for procedures requiring additional surgery time. If your pet is under 7 years of age, IV fluids are recommended but not required (**please check one**)

- My pet is 7yrs of age or older, & I understand that IV fluids are **required** during the procedure: \$110.25
- YES, I would like my pet to have IV fluids during anesthesia: \$110.25
- NO**, I decline IV fluid support and understand there are increased risks during anesthesia.

ADDITIONAL SERVICES WHILE UNDER ANESTHESIA

- Nail Trim – Complimentary
- Ear Cleaning - \$36.75
- Express Anal Glands - \$36.75
- Microchip (includes registration) - \$94.50
- Apply topical flea treatment - \$38

HOLISTIC TREATMENT OPTIONS

- Laser therapy (speeds healing, lessens pain, decreases infection) - \$64.25
- Acupuncture (aids recovery, boosts immune system, lessens pain) - \$114.50
- Traumeel injection (homeopathic injection that aids healing, decreases bruising, provides pain relief) - \$29
- Homeopathic remedies for post-op pain to take home (in addition to conventional pain meds) - \$25-\$38
- Leave up to doctor's discretion (Additional charges apply)

ADDITIONAL DENTAL/ORAL PROCEDURES

- YES, I approve any extractions if the veterinarian feels it is in the best interest for the health of the pet.
(\$30-\$90 each)
- YES, I approve Doxirobe treatment (if recommended)- topical antibiotic therapy under the gum line to promote gum healing and reduce periodontal disease- \$110
- NO**, please call to approve any dental extractions or additional oral procedures.

AUTHORIZATION

I verify 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. A pain injection will be given post-operatively if the veterinarian deems pain control necessary given the procedure.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety and care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. I understand pets needing overnight care may be referred to a 24 hour hospital.

Signature of Owner or Agent: _____ Date: _____

Signature of Witness: _____ Date: _____