

DENTAL CONSENT FORM

Date: _____

Client Name: _____

Phone: _____

Pet: _____ Breed: _____ Sex: _____ Birthdate: _____

PLEASE INITIAL SERVICES BELOW YOU WOULD LIKE DONE.THESE SERVICES ARE PERFORMED AT AN EXTRA FEE

Blood Work (Pre panel + cbc) - \$54.00 _____ Yes _____ No
Chemistry blood panel screens several of your pet's major systems including kidney, liver, protein, and electrolytes. CBC is Complete Blood Count of red blood cells (which carry oxygen), white blood cells (which help fight infection) and platelets (cells critical to the blood's ability to clot.)

Blood Clotting Time Test - \$33.75 _____ Yes _____ No
Ensures proper blood clotting time prior to surgical procedure.

Electrocardiogram - \$33.50 _____ Yes _____ No
Tests for heart disease prior to surgery procedure.

Cerenia injection - \$25.00 _____ Yes _____ No
Cerenia is an anti-emetic that will prevent peri-operative nausea and help your pet return to normal feeding sooner, therefore resulting in a faster recovery.

Pain Medication -I understand that all pets receive pain medication with surgery and some pets may need additional pain medication. If the veterinarian deems additional pain medication is necessary for my pet, I understand that there is an additional fee. _____ ****Price is determined by severity/type of pain, you will be given an approximate quote once surgery has been completed.**

ARE THERE ANY ADDITIONAL SERVICES/PROCEDURES THAT YOU LIKE TO HAVE DONE THIS VISIT?

Mass Removal: _____ Spay or Neuter: _____ Microchip: _____ Heartworm Test: _____
Fecal Test: _____ Nail Trim _____ X-Rays: _____ Grooming: _____
Other _____

LIST OF PROCEDURES TO BE PERFORMED:

WHAT PHONE NUMBERS CAN WE REACH YOU AT TODAY?

Primary _____ Alternate _____

I authorize Healthy Pet Hospital staff, in an emergency situation, to perform any additional procedures necessary for the well-being of my pet until further communication with me.

If unable to contact me:

I give my permission [yes]: or I do not give my permission [no]: to proceed with life sustaining procedures.

I do hereby certify that I am the owner/agent of <animal> . I give my consent to Healthy Pet Hospital and its staff to care for and administer any treatment and/or perform any tests deemed necessary for the health and welfare of <animal>. I do hereby release Healthy Pet Hospital and its staff of any responsibility and liability, in the absence of gross negligence, should my pet inflict self-injury, refuse food, become ill, or die while in the care of Healthy Pet Hospital and its staff. I am aware of the risks involved with anesthesia and that the results cannot be guaranteed. There may be times that no personnel are on the premises and that transfer for continued care may be required.

I have read and completely understand this consent form and by signing this document I authorize the Veterinarian and the staff of Pet Hospital to perform the surgery and services that are indicated. I understand that all charges are to be paid at the time of services rendered.

SIGNATURE OWNER/AGENT _____ **WITNESS** _____

Person signing must be 18 years of age or older

For Office Use: Owner Called After Procedure: L/M Spoke w/ Client Time / Initial _____ / _____ Anticipated P/U Time _____

DENTAL RELEASE FORM

During the physical examination, it is often not possible to completely evaluate the degree of dental disease. Only when your pet is under anesthesia and dental radiographs are performed can a thorough dental exam be done.

We thrive in recommending the best oral health care for your pet.

We do have a preventative we can apply to your pet's teeth and gums during <animal> dental that will help with overall dental health and prevent periodontal disease in the future.

_____ I authorize Clindoral Treatment (\$54.50)

_____ I **DO NOT** authorize Clindoral Treatment

Please Initial **ONE** of the following:

1. _____ I authorize any treatment needed regardless of cost

2. _____ I authorize only a dental cleaning, of full mouth dental radiographs, scaling and polishing and wish to be called if any extractions and/or other treatment is needed. * **ONLY ONE CALL TO EACH PROVIDED NUMBER WILL BE MADE**

3. _____ I authorize full mouth dental radiographs, scaling, polishing, and extractions and treatment up to the limit of my estimate \$(_____). Please call for any additional costs that may arise.

If options 2 or 3 apply, please initial **ONE** of the following:

_____ If I cannot be reached at the phone numbers provided, I give permission to the Pet Hospital to provide any care deemed *absolutely necessary* by the judgement of the Veterinarian.

_____ If I cannot be reached at the phone numbers provided, I **DO NOT** give permission to the Pet Hospital to perform any additional procedures without my approval. I understand that my pet will have to undergo additional hospitalization and anesthesia to complete needed treatment. Additional fees may apply, and is dependent on individual basis.

I have read and completely understand the dental consent form and allow Pet Hospital to render services on my pet with the above initialed items.

Signature _____ Date: _____

Witness _____