

# Animal Medical Clinic's Dental Consent Form

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Phone #'s where I can be reached **TODAY**: \_\_\_\_\_

## Dental Evaluation

**Please be advised we can only accurately assess your pet's teeth and gums under general anesthesia. For this reason we can't always predict if a tooth extraction will be necessary until the procedure is under way.**

In the event that dental extractions (any teeth which are abscessed, loose, or have exposed nerves), minor dental surgery or dental x-rays are discovered to be needed during my pet's dental cleaning, I authorize the following:

\_\_\_\_\_ I authorize the attending veterinarian to do any extractions, x-rays, or procedures deemed necessary while my pet is under anesthesia.

\_\_\_\_\_ Please attempt to contact me if any of the above procedures are needed but proceed if I am unavailable.

## Pre-Surgical Blood Screening

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a full examination. We also will run a pre-surgical blood profile to maximize patient safety and alert the doctor of any health problems that could complicate the procedure.

\* I am aware that if my pet has fleas or ticks, it will be treated and I will be responsible for the charge.

\* I understand that my pet's nails will be trimmed (This is done at no charge)

\* I understand that my pet's leg **WILL BE SHAVED** today for the placement of an IV Catheter

\* I understand that if this the first visit for my pet, I will be charged an exam fee of \$54.40

When was the last time your pet had anything to eat? \_\_\_\_\_

Please list any/all medications your pet is currently taking: \_\_\_\_\_

Are we doing any extra procedures while your pet is here? \_\_\_\_\_

Would you like your pet to be **microchipped** while they are here? \_\_\_\_\_

I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. I understand that if my pet's condition changes, the staff will attempt to contact me before any procedures not listed above are performed. However, if I cannot be contacted and if the animal's condition warrants, I give permission for further treatment and/or tests to be performed, as the doctor deems necessary. I also understand that there are no guarantees expressed or implied that the procedures authorized will be without complications beyond the veterinarian's and hospital's control.

I have read and fully understand the Dental Consent Form. I understand that I am personally financially responsible for all the services rendered by the doctors and the staff of Animal Medical Clinic of Gulf Gate. I realize that I may ask for a written estimate of final cost prior to admittance. I understand that payment is due upon discharge of my pet.

Signature of Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_