

DENTAL/ANESTHESIA CONSENT FORM

Owner's Name: _____ Home Phone: _____

Pet's Name: _____ Phone where you may be reached today: _____

Requested procedure(s): *Clean & Polish Teeth (Dental Prophylactic), Extractions (as needed), Other* _____

IN-PATIENT QUESTIONNAIRE

1. Last food given the patient (time) _____ Last water given _____

2. Date of last vaccine: DHLPP: _____ FVRCP: _____

Rabies: _____ Bordetella: _____

Date of last Fecal Exam: _____

Date of last Heartworm Test: _____

(Pets that are overdue for vaccines are required to be made current during time of hospitalization.)

3. Does your pet show any signs of illness? _____

4. Is your pet taking any medication? _____

To lessen risks of anesthesia/surgical procedures all dogs over the age of 6 months must be current on heartworm testing and/or preventative medication.

5. List pet's past surgeries: _____

6. Has your pet had any previous reactions to anesthesia Yes ☐ No ☐

7. List any behavioral concerns (biting, timidity, needing special handling, etc.) _____

8. List any belongings left with pet _____

The hospital will not be responsible for any lost items.

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.

I have been informed that a routine Dental Prophylactic procedure consists of removal of tartar (calculus), scaling the surface of each tooth, and polishing teeth. When any of a pet's teeth cannot be treated or repaired to a healthy, comfortable and functional condition, the normal procedure is removal (extraction) of these teeth. I understand that generally the amount of damage to a pet's teeth varies from minor to extreme and usually cannot be evaluated accurately until the pet is under anesthesia and the teeth are clean.

I hereby authorize any necessary teeth extractions that are based on the professional judgment of the veterinarian. I will be responsible for any additional charges related to the extractions.

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 or 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 judgement. 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.

Signature of Owner or Agent: _____ Date: _____

Signature of Witness: _____ Date: _____

Pain Meds: Yes ☐ No ☐

HW Meds: Yes ☐ No ☐

Flea Preventative: Yes ☐ No ☐