Animal Hospital

# DENTAL CONSENT

**Owner's Name:**_____ **Pet's Name:** _____ **Home #:**_____

**Work #:** _____ **Cell #:** _____ **Emergency #:** _____

**Notice: All hospitalized animals found to have fleas will be treated with preventive and charges for treatment added to your invoice.**

**Brief History:**

Is your pet current on vaccinations? ☐ Yes ☐ No

Has your pet even undergone anesthesia? ☐ Yes ☐ No

If yes, were there any complications? ☐ No ☐ Yes, Please Explain:_____

Does your pet have any drug allergies that you know of? ☐ No ☐ Yes, Please List:_____

When did your pet last eat? Date & Time: _____

Did your pet receive any medications today? ☐ No ☐ Yes, Please List Medications, Dose, & Time:

**During your pet's dental, a thorough oral exam is performed. If further problems are detected while your pet is under anesthesia, how would you like us to proceed? Please choose one of the following: (Initial)**

☐ ____ Do whatever is needed to give my pet a healthy oral cavity. I understand that this will be in addition to the estimate I was given. Please write your maximum amount for these additional charges. $_____

☐ ____ Contact me at the number above before doing any additional procedures. If I cannot be reached by phone while my pet is under anesthesia, then...

- ☐ Perform any necessary procedures. Your maximum amount for add'tl charges $_____
- ☐ Do only what I have authorized on my estimate.

☐ ____ Do only what I have authorized on my estimate. I understand that additional dental procedures will be needed in my pet's future and will require additional sedation.

*For the comfort of your pet, AM/PM administers a pain injection pre-operatively.*

AM/PM Includes in all routine surgical procedures a CBC (Measures the concentrations of cells in the bloodstream, which is a good indicator of general health and can pick up potential infections and anemia) and a Chemistry Panel (Measures the blood glucose, two kidney enzymes, two liver enzymes, checking the health and ability of the body's major organ systems to process anesthesia).

## OPTIONAL PROCEDURES (will affect your original estimate)

**ECG - Preanesthetic Screen:**
A means to evaluate heart health and guide anesthesia management. $104.35 Initial: Yes_____ No _____

**Microchipping Services:** AM/PM offers microchipping identification for the safety of your pet. The discounted cost for this service during a surgical procedure is $55.08 (normally $61.56)

Initial: Yes_____ No _____

I, being responsible for the above described animal, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. All charges including any boarding costs shall be paid on or before the release of my pet.

**After carefully reading the above, I have signed in agreement.** _____

**Signature of Owner/Responsible Party** **Date**