



Dental Consent

Client ID: _____ Patient Name: _____

Pre-Anesthetic Blood Test

We will perform a full physical examination on your pet before anesthesia. However, not all health issues are apparent on physical exam. Pre-anesthetic blood work is performed to detect any infection, anemia, or problems with organ function (such as liver or kidney problems). For this reason we recommend it for all anesthetic patients, but it is **required for all patients over 7 years of age or those with known health concerns**. Results are immediately available and you will be notified in the event of abnormal results.

- YES:** I want my pet to have a pre-anesthetic blood test. Cost: **\$70.00**
- NO:** I do **NOT** want my pet to have a pre-anesthetic blood test.

Dental Extractions and Minor Dental Surgery

In the event that dental extractions, minor dental surgery, or any other procedures are discovered to be necessary during my pet's dental cleaning, I authorize the following: **PLEASE CHOOSE ONE STATEMENT.**

- I authorize the attending veterinarian to do any extractions, minor dental surgery, and/or procedures deemed necessary while my pet is under anesthesia.
- Please attempt to contact me if anything other than dental cleaning is needed but proceed if I am unavailable. Please do not exceed \$ _____ without contacting me first.
- Please contact me regarding any additional procedures. If I am unavailable, do **NOT** proceed. I understand that this could mean my pet will require additional procedures under anesthesia at a different time.
- I prefer my pet be referred to a board certified Veterinary Dental Specialist and do not authorize any extractions and/or dental surgery.

Dental X-Rays

I understand that disease below the gum line involving tooth roots and all surrounding tissues cannot be assessed without dental x-rays. The fee for dental x-rays is **\$55.00 to \$325.00** depending on the number of views that are necessary.

- I authorize any dental x-rays deemed necessary.
- Please call me to authorize dental x-rays if they are deemed necessary.
- I do **NOT** authorize dental x-rays under any circumstances.

Optional Services

I would like my pet to have a **HomeAgain Microchip®** implanted during anesthesia. Cost: **\$55.00**

Other: _____

I authorize the use of anesthetic drugs and/or gas anesthesia to be used on my pet. I understand that while the anesthesia used in this hospital is safe for use in veterinary medicine, no anesthesia is without medical risks. No guarantee can be made legally or ethically on the outcome of any procedure performed.

The nature of the procedure(s) has been explained to me fully and my questions have been answered to my satisfaction. I understand that there are some risks involved in all procedures and that no guarantee for success can be given.

I agree to pay in full for services rendered, including those deemed necessary for medical and/or surgical complications or unforeseen circumstances. I understand that any estimate is an approximation, and that the actual cost may be greater or less.

This hospital accepts cash, check, Care Credit™, and credit cards. All payments are due at the time of discharge.

I have read and understand this consent.

Client Signature: _____ **Date:** _____

Employee Initials: _____

*Phone numbers where we can reach you **TODAY:***

Home Phone: _____

Cell Phone: _____

Work Phone: _____