Office use only:
Pet Weight
Was pet fasted? □ Y / □ N
Were meds given? □ Y / □ N
Procedure
Receptionist/Tech Initials

NAME OF CLINIC HERE
LOGO AND/OR ADDRESS
AND PHONE HERE

VETERINARY DENTAL SURGERY CONSENT & ADMITTING FORM

Date ____________________________
Patient __________________________
Client (owner) ____________________

MEDICAL HISTORY

Are your pet’s vaccinations current? □ Yes □ No
Date of last vaccinations ____________________________

Has your pet recently experienced vomiting, coughing, sneezing, or diarrhea? □ Yes □ No
Did your pet eat this morning? □ Yes □ No
Is your pet allergic to any drugs? □ Yes □ No
If yes, list drugs __________________________________

Has your pet been ill or injured within the last 30 days? □ Yes □ No
If yes, list illness or injury ________________________________

Is your pet taking any medication? □ Yes □ No
If yes, list medication __________________________________

Do you want us to check other problems? □ Yes □ No
If yes, list problems ____________________________________

Do you regularly use dental hygiene products on your pet? □ Yes □ No
If yes, list products ____________________________________

ELECTIVE PROCEDURES TO BE PERFORMED

☐ Remove warts or skin growths $_______
Location ____________________________________________

☐ Inject pain medication at discharge $_________

☐ Flush and clean ears $_______

☐ Trim nails $_________

☐ Express anal glands $_________

☐ Dip for flea control $_________

☐ Purchase flea preventives $_________ ☐ single dose ☐ multi-month package
CONSENT TO PERFORM EXTRACTIONS AND NECESSARY PROCEDURES

Many pets require sedation before a doctor can complete a thorough dental exam. Each tooth must be carefully evaluated so the veterinarian can choose the best treatment. To help you avoid surprise charges, a staff member will call you to update this estimate during the procedure if additional services are needed. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs.

Please check the options below:

☐ Perform any necessary procedures and extractions at this time.
☐ Perform necessary procedures and extractions up to $ ________.
☐ Provide only the requested dental prophy at this time.
☐ Call me after the dental exam and provide an estimate of any additional procedures. Do not proceed without authorization. You can reach me at ____________

PREANESTHETIC TESTING CONSENT

Our caring staff members want to ensure your pet’s well-being. A veterinarian will perform a comprehensive physical exam before sedating your pet. However, many disorders of the kidneys, liver, heart, and blood can’t be detected without blood tests and a heart electrocardiogram (ECG). That’s why we strongly recommend performing a presurgical screening before sedating your pet. Please check the options below:

☐ I do ☐ do not authorize the recommended presurgical blood screen for $ _____, I understand and assume all responsibility for additional risks or complications resulting from my refusal to approve this blood screen for my pet’s safety.

☐ I do ☐ do not authorize a preanesthetic ECG for $ __________. I understand and assume all responsibility for additional risks or complications resulting from my refusal of this service.

PET OWNER RELEASE

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above-described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed.

Signature of Owner or Agent: __________________________________________

Witness to Signature: ____________________________ Date ____________________________
NEW PATIENTS

If this is your pet’s first visit with us, there will be a charge for a full physical examination on your pet to ensure that there are not existing health problems that could possibly lead to complications during the procedure you have scheduled. There will be a $40.00 charge for this exam.

PRE-ANESTHETIC BLOOD TESTS

Your pet is with us for a procedure that will require a sedative and/or anesthesia. We always recommend a pre-op blood profile to check for adequate numbers of blood cells and to check for signs of possible problems in the kidneys and liver that may not be evident on a physical examination. The testing is REQUIRED for animals 7 years old or older (Cost $45.00)

☐ YES -- Please complete pre-op blood tests you recommend for pets under 7 years of age. (Cost $41.00)
☐ NO -- My pet is under 7 years old. I DECLINE pre-op blood testing you recommend, but perform the procedure.

PAIN MEDICATIONS

Pain medications are administered to all surgical patients. The cost of pain medications for elective procedures will vary from $18.00 - $35.00, in addition to the surgical fee, depending on the size of the patient and the medications used.

RECOMMENDED TESTS

FECAL TEST: For dogs that have not been tested within the past year.

☐ YES Please provide a fecal examination for my pet. I understand there is a charge of $16.38 for this test.

HEARTWORM TEST: For dogs older than 6 months, and born prior to last October. For adult dogs that have not been tested within the past year.

☐ YES Please test my dog for Heartworm. I understand there is a charge of $31.51 for this test.

VACCINES

We require that all pets are current on their Rabies and Distemper vaccination.
(Cost: Rabies $16.00 & Canine booster $18.00)

There may be an exam charge if vaccines are given. (Cost: $40.00)
We also recommend a Parvo Virus booster for dogs at 6 months old. (Cost $16.00)

☐ YES, please administer only the following vaccines:
☐ DISTEMPER ☐ RABIES ☐ KENNEL COUGH ☐ PARVO

*Occasionally, a pet can have a reaction to the vaccines. The reaction can be as mild as a few hours of being a bit lethargic to, in very rare cases, death from anaphylactic shock. It is impossible to predict which pets are prone to vaccine reactions; however, every effort will be made to treat your pet, should a reaction occur. **If you are aware of your pet having had a vaccine reaction in the past, please let the doctor know so that precautions can be taken.**
DENTAL PROCEDURES

Occasionally intraoral radiography, tooth extraction, or repair is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or cavities. An additional fee would be incurred for these procedures. If you would like to be called to discuss any necessary extractions or repairs, please let us know now, and leave us a number where you can be reached.

Do you authorize tooth extraction(s) or repair without contacting you first? □ Yes □ No

*PHONE # ________________________________

Pain medications may be administered with extractions. Prices range from $18.00 - $35.00, in addition to the surgical fee.

*If we cannot contact you regarding medically necessary extractions or fillings, then a second procedure will need to be scheduled to perform these procedures.

PERMANENT IDENTIFICATION

We can implant a microchip into your pet for an ID that can't get lost! This simple procedure can be performed while your pet is here today. The cost for the surgical implantation of the chip is $49.97. The owner will also incur a fee when they send in the national registration papers.

Does your pet have a microchip? □ Yes □ No

Would you like a microchip implanted today? □ Yes □ No

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above - described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the combination of distemper and rabies vaccinations, this will be done upon hospitalization and added to the cost of the above procedure(s).

OR

Your hospital staff members should use all reasonable precaution against the injury, escape, or death of my pet. I understand that sedation and anesthesia involves minimal risk to my pet, but I won’t hold your clinic liable in any manner whatsoever or under any circumstances in connection with this procedure. I have read this consent form and agree to assume all risks.

Signature ___________________________________________ Date __________________________

Signature of Owner or Agent: ___________________________________________ Date __________________________

Witness to Signature: ___________________________________________ Date __________________________