

Dental Consent Form

Date: _____

Pet's Name: _____ Owner's Name: _____

Personal items left with pet today: _____

Phone number(s) where you can be reached today: _____

(It is important that we are able to reach you while your pet is under anesthesia. Please list the best telephone numbers for us to reach you between the hours of 9:00am to 8:00pm.)

◆ **Pre-Anesthetic Blood Work**

Our on-site laboratory allows us to check your pet's blood work before the procedure. We recommend pre-anesthetic blood work for all surgical patients, but REQUIRE it for all patients over the age of 8years. These tests can not only reveal infection or anemia, but also chemical imbalances that could affect your pet under anesthesia. I understand the importance of pre-anesthetic blood work and choose this for my pet.

***It is included in Dental Package.**

- ◆ During a dental procedure, if doctor deems tooth extraction(s) are appropriate, we will try to contact you first, but in case we are unable to reach you, you are giving us permission to extract teeth by signing this form.

Owner's Initials

- ◆ Please check any following additional services you would like us to perform while your pet is under anesthesia, with the understanding that there will be a charge for these procedures (except for nail trims and anal sac expression, which are complimentary):
- Nail trim (**Free of charge** - \$17.00 value)
 - Anal sac expression (**Free of charge** - \$29.99 value)
 - Ear hair plucking/removal - **\$21.75**
 - Ear cleaning/wax removal - **\$30.00**
 - Micro-chipping: This is a form of permanent identification that can identify your pet if they are lost, run away, are stolen, or are otherwise separated from you (such as following an emergency evacuation). Our microchip includes free registration. Our regular price for the microchip is \$39.45, if it is done today under anesthesia there is a \$10.00 savings- **\$29.45**
 - Fluoride Foam treatment: It provides quick and thorough fluoride ion penetration to help strengthen, protect tooth enamel and inhibit plaque formation. - **\$18.00**

In order to prevent the spread of infectious disease, I authorize Pet Lovers Animal Hospital to administer a rabies vaccine, and/or flea or tick medication to my pet, at my expense, if deemed necessary.

I authorize anesthesia/surgery for my pet. The nature and risks of the procedure have been explained to me. I understand that there are some risks with anesthesia and/or surgery, and I am encouraged to discuss any concerns with the veterinarian and staff before the procedure is started. I understand that Pet Lovers Animal Hospital will do everything possible to reduce any risks. By signing this consent form, I acknowledge all questions have been answered to my satisfaction, and I agree not to hold the veterinarian or staff liable for any complications, side effects, injury or death in connection with procedure.

I have read and fully understand this surgery and anesthesia consent form.

Owner's Signature

Printed Name