

## DENTAL CONSENT FORM

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB/Age \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Procedures to be performed: \_\_\_\_\_

- Yes No Has your pet fasted for 12 hours?
- Yes No Were any antibiotics or medications given today?
- Yes No Is your pet allergic to any drugs? If yes, list: \_\_\_\_\_
- Yes No Has your pet been vaccinated in the last 12 months? If no, check the ones currently due:
- CANINE: Kennel Cough \_\_\_\_\_ Distemper/Parvo \_\_\_\_\_ Lepto \_\_\_\_\_ Lyme \_\_\_\_\_ Rabies \_\_\_\_\_
- FELINE: Distemper \_\_\_\_\_ Feline Leukemia \_\_\_\_\_ Rabies \_\_\_\_\_

Procedures recommended to be performed:

- \_\_\_\_\_ Yes \_\_\_\_\_ No Heartworm Test
- \_\_\_\_\_ Yes \_\_\_\_\_ No Intestinal Parasite Exam
- \_\_\_\_\_ Yes \_\_\_\_\_ No Feline Leukemia / FIV Test
- \_\_\_\_\_ Yes \_\_\_\_\_ No Home Again Microchip (\$33.50 placement fee, \$19.99 registration fee)

Pre-surgical Options (*strongly recommended*) Please verify preferences by initialing next to elected services.

<u>Patients under 7 years of age:</u> CBC, 10 Chemistry Profile, Electrolytes	\$78.23	Yes _____ No _____
<u>Adult, geriatric, and sick patients:</u> CBC, 17 Chemistry Profile, Electrolytes	\$110.02	Yes _____ No _____
<u>REQUIRED for ALL pets:</u> IV Catheter, Fluids & Blood Pressure	\$45.36	
<u>Laser Surgery:</u> Provides less pain, swelling, bleeding, infection	\$52.45	Yes _____ No _____

During your pet's dental cleaning, he or she will be under anesthetic. If the doctor recommends any teeth to be extracted, would you like the doctor to proceed with the extraction or contact you first? Extract teeth if needed \_\_\_\_\_ Please call before any extractions \_\_\_\_\_

I authorize AllPets Animal Clinic to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for treatment and maintenances of my pet's health and well-being, including but not limited to the administration of anesthesia and the performance of services involving pathology and radiology. I realize that neither guarantee nor warranty can ethically or professionally be made regarding the result, or cure. I also authorize the hospital director and his staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well-being of my pet. I understand the fees due for my pet's care will be paid in full at the time of discharge. I realize that in many cases, it is impossible to determine in advance the extent of medical or surgical treatment required, but in such cases, AllPets Animal Clinic will attempt to estimate the cost of such treatment. Pets are checked for fleas and if need treated it is at the owner's expense. If the actual charges are more than 10% over the estimated charges, I will be notified of the increase.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

Admitted By: \_\_\_\_\_

