

## Dental Consent/Release

Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

In addition to the dental, are there any other services that are requested at this time:

Nail trim \$15: \_\_\_\_\_ Microchip \$59: \_\_\_\_\_

Other (Applicable exam charge will apply) \_\_\_\_\_

Please review the following consent, completing it to the best of your ability.

1. I am the owner or agent of the above described animal and am over the age of eighteen.
2. I understand anesthesia involves some risk to my pet, and that on rare occasions death can occur. I have been advised to the nature of the procedure and the risks involved. I realize that results cannot be guaranteed. I consent to and authorize the performance of general anesthesia. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
3. I understand that during the performance of the procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the above procedures other than those set forth above. I hereby consent to and authorize the performance of such procedures or operations as are necessary and desirable in the exercise of the veterinarian's professional judgement.
4. I understand that it is my responsibility to return for this animal when the treatment is complete. Seven days after being informed of such if the animal has not been discharged, it will be considered abandoned and become the property of Warrensburg Animal Hospital. Such action does not relieve my obligation for paying all the charges incurred.
5. I have read and do understand this consent and hereby voluntarily execute my consent.

**We will always call you after dental x-rays are performed. In the event that you are unreachable by phone after dental x-rays are performed:**

\_\_\_\_\_ I consent to any extractions deemed necessary. I understand that the cost for extractions is based on the length of time it takes, and typically ranges between \$50 and \$200. Extractions will not exceed \$400.

\_\_\_\_\_ I do not consent to any extractions without being contacted. I understand that my pet will be kept under anesthesia for 10 minutes after we make an attempt to call you. After that time my pet will be recovered from anesthesia. If the extraction procedure has to be re-scheduled, there will be a second anesthesia charge.

## **Preventative pre-surgical and Post-Operative Care**

CBC, Chemistry and ECG – Blood work checks red and white blood cells, platelets, proteins, electrolytes, blood sugar, liver and kidney parameters. ECG checks electrical activity of the heart. **This pre-anesthetic testing is highly recommended for all animals and mandatory for animals 7 years and older.**

\$170.00     I accept     I decline

**Pain Management – ALL dentals with extractions will receive and injection of pain medication at the time of surgery, and will be sent home with four additional days of pain medication.**

**For routine dentals without extractions additional pain medication is available upon request. Price will vary by the pet's weight.**

**All pets found to have external parasites, such as Fleas, Ticks or Mites will be treated at the owner's expense.**

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Owner/Agent Signature

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Date