

Dental and Surgical Consent Form

As the owner, or agent for the owner, of the pet listed above, I authorize Parkdale Animal Hospital to perform the surgical and/or dental procedure(s) listed below.

I recognize the veterinary medicine is not an exact science and that during the course of any surgical/dental procedure and during the use of sedatives or anesthesia, unforeseen conditions and/or complications could arise. I authorize the staff of Parkdale Animal Hospital to use their professional judgment to perform any procedures they deem necessary, in the event of a complication, at my expense. I have been informed and understand the inherent risk associated with anesthesia, dentistry and surgery up to and including death. I certify that no guarantees have been made as to the outcome of this/these procedure(s).

I have been encouraged to discuss any risks and concerns I have before signing this form. I have been given sufficient details of the procedure and the recovery care/period that I have an understanding

By signing below, I certify that I have read and understand this authorization and accept responsibility for the charges associated with the procedure(s) listed below as were presented to me on an estimate. Furthermore, I release the doctors and staff of Parkdale Animal Hospital from any and all liability (except in the case of negligence) associated with said procedure(s) and treatments arising from complications from said procedure(s).

Photographs and/or videos of my pet may be taken and used in literature, in-line and/or for training. I will claim no ownership of or authority over these images. No identifying information will be included in these photos except, perhaps, my pet's name.

If my pet is housed overnight, it is the doctor's discretion if there will be staff in the hospital monitoring my pet. I understand that I always have the option to transfer my pet to a twenty-four hour facility.

For neuters/castrations: Unless discussed beforehand, I understand **my pet will still have a scrotum.**

I understand my pet's surgical site and leg(s) - for an IV catheter - **will be shaved.**

For dental procedures only: we wish for your pet to keep all of his/her teeth for a lifetime and with proper care, this is possible. However, in the event of trauma or disease, a tooth can be a source of pain and infection. I authorize the doctors and staff of Parkdale Animal Hospital to use their professional judgment to decide if my pet's teeth are so diseased that they must be extracted and to do so. I understand that if I wish to be contacted during the procedure and before any extractions are performed and I am not available when the doctor calls, my pet will be recovered from anesthesia and another procedure will be scheduled in the future at my expense. In some cases, the removal of teeth may lead to my pet's tongue sticking out at all times.

I authorize medically necessary dental extractions without contacting me first (preferred)
 I request to be contacted before any extractions are performed and understand this may delay my pet's treatment.

I authorize the **required** vaccines, parasite tests (fecal, heartworm), virus tests (Leukemia, AIDS) and/or treatments for such at my expense.

My pet last ate at: ___

Current medications: ___

Drug allergies: ___

Previous anesthetic/surgical complications: ___

Procedure: ___

I prefer to be reached by: Phone
 E-Mail
 Text Message

Signature: _____