

Dental Consent Form

Date:_____ Pet's Name_____ Owner's Name_____

Phone number in case of emergency_____ Has your pet eaten today? _____

Medications your pet is currently on_____

Options for your pet:

- A blood test can be performed to check your pet's liver and kidney values prior to surgery. Please check whether you would like this done.
☐ Yes, please do a blood panel for \$53.99 ☐ No
- Would you like to test your pet for Heartworm?
☐ Yes , I would like the test performed \$29.77 ☐ No
- Would you like to test your cat for Feline Leukemia/FIV/Heartworm?
☐ Yes, I would like the test performed \$46.13 ☐ No
- Please indicate if you would like pain meds for your pet after surgery, additional \$20-\$40
☐ Yes, I would like pain meds sent home with my pet. ☐ No
- Please indicate if you would like your pet microchipped while under anesthesia
☐ Yes, please microchip my pet for an additional \$61.22 ☐ No

****WE REQUIRE ALL PETS TO BE CURRENT ON THEIR RABIES VACCINATION, IF NOT THEY WILL BE VACCINATED THE DAY OF SURGERY ****

**** IF YOUR PET HAS FLEAS, PLEASE TELL US NOW. ANY ANIMAL FOUND TO HAVE FLEAS WILL BE TREATED AT THE OWNER'S EXPENSE. ****

As the owner or agent of the owner of the above animal, I hereby give my consent to Lee Veterinary Clinic, P.C. to perform a dental cleaning on this animal, and any/all options selected above.

I am aware that during a dental cleaning, some teeth may be found loose, broken, or otherwise unhealthy to leave in the mouth. I give my consent to remove these teeth during this dental procedure. Depending on the number of teeth removed and/or the time required for removal, the price of the dental may vary. (ranging from \$333.00-\$643.00)

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect the Lee Veterinary Clinic to use reasonable care and judgment in performing the procedure(s). The nature of the procedure, and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

(Signature of Owner/Agent)