

# Bayshore Animal Hospital

## Dental Consent Form

Owner \_\_\_\_\_ Pet Name \_\_\_\_\_ DOB \_\_\_\_\_

Your pet is scheduled for a procedure that requires anesthesia. Like you, our greatest concern is the well being of your pet. We strongly recommend that a pre-anesthesia blood profile be performed prior to anesthetizing your pet today. The results provide vital information about the functions of the blood system and internal organs.

### Profile 1 Patients under age 8 - \$60.00

This provides basic health evaluation of vital organs and blood system.  
Evaluates anemia, infection, clotting, and blood sugar. Also liver & kidney functions.

### Profile 2 Sick or Geriatric over age 8 - \$77.50

*Includes all tests above, and:*

Detects disease and provides a detailed evaluation of vital organs and blood system.

I authorize the recommended blood testing prior to administering anesthesia.

I decline the recommended blood testing.

**I understand that a medical condition may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition goes undetected.**

Microchip Identification – 20% off - \$38.15 w/ 18.99 activation fee

Is your pet current on vaccines?

Has your pet been on any pain management/NSAIDS?

Permission to treat unforeseen conditions up to \$100.00

This could include dental extractions, X-rays, Flea control, IV fluids, antibiotics, etc.

Please contact me prior to authorizing any additional procedures or costs.

I certify that I am the owner or authorized agent for the above animal. I hereby consent to and authorize the doctors and staff at this veterinary practice to admit this pet, and administer anesthesia, surgical procedure(s) and the following procedures as checked above. **I have been advised of the nature of the procedures and the potential risks and benefits. I understand that veterinary medicine is an inexact science and that no guarantee of successful treatment can be made.**

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

**I will not hold Bayshore Animal Hospital legally liable for any complications.**

Owner/Agent signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone number where you can be reached \_\_\_\_\_

Cell \_\_\_\_\_ WK \_\_\_\_\_