



DENTAL/ORAL SURGERY CONSENT FORM

Patient's Name:

Owner's Name:

Phone number(s) where you can be reached: _____

Please check here if you would like to receive a text message when your pet is in recovery.

When was the last time your pet ate or drink? _____

Is there anything we should know about your pet today? _____

Procedure(s) to be performed: _____

Is there any possibility your pet may have been exposed to rat poison? YES NO

Has your pet had any recent illness or injury of which we are not aware? YES NO

Does your pet have a history of seizures? YES NO

Does your pet have a history of anesthetic problems? YES NO

Permission for anesthesia/sedation: (Initials) _____ YES NO

Is your pet currently on any Medications, Vitamins, or Supplements? _____ YES NO

Did you give the pre-medications this morning as directed? YES NO

Critical Resuscitation Directive Info Provided and Online at achmorris.com: Attempt Resuscitation DNR

Extractions of bad or affected teeth – Complete Consent on Back Page

While your pet is sedated, would you like any of the following services? (Circle choices)

HOMEAGAIN MICROCHIP

ANAL SAC EXPRESSION

NAIL TRIM

ORAVET HOMECARE KIT APPLICATION

EAR CLEANING

If your pet is scheduled for anesthesia, we will do a pre-anesthetic blood profile to ensure your pet is in a low risk category, and to use as a reference should your pet become ill. Pain relieving drugs will be dispensed as needed.

Services Due

Your pet must be current on vaccinations. Your pet must also be free of internal parasites (such as worms) and external parasites (fleas and ticks). If not, we will treat your pet accordingly for safety and proper hygiene.

List other services needed: _____

I authorize Animal Care Hospital to do pre-anesthetic blood work, to treat and/or operate on my pet, using reasonable precaution against injury, escape or death. I understand that anesthesia and surgery always involve some risk, and I will not hold Animal Care Hospital liable or responsible, in the absence of gross negligence, in common with these procedures. I understand that no guarantees have been made to me as to the outcome and I authorize Animal Care Hospital to perform any and all lifesaving procedures should the need arise except as noted by the Critical Resuscitation Directive. I realize I am responsible for payment for the above procedures at the time of discharge. In case of non-payment, I understand that a finance charge will be applied and that I will be responsible for any collections and attorney fees.

Signature of Owner: _____

Date: _____

Signature of non-owner presenting pet: _____

Date: _____

Please Print Name Here: _____



Extraction Informed Consent Form

Patient Name:

Owner Name:

Extractions:

The Condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before sedation. From an economic standpoint, it is much more economical to complete all needed dental procedures during the initial visit and sedation rather than having to schedule another appointment with additional sedation required. In an effort to satisfy your desires, please mark the appropriate option below:

Please perform whatever procedure & extractions are required at this time.

Please do nothing more than the requested professional dental cleaning at this time. I understand that NO extractions will be performed and additional anesthetic procedures may be required in the future.

Please call me after the sedated oral exam with an estimate if any additional procedures are needed. Do not proceed without authorization. If you choose this option please make sure that you can easily be reached between 8:30am – 1pm for authorization otherwise no additional procedures will be performed and additional anesthetic procedures may be required in the future.

Print Name: _____

Date: _____

Signature: _____