

# DENTAL - SURGERY

## Consent Form

Procedure: \_\_\_\_\_

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys, or blood, are not detected unless blood testing is performed. Such tests are important before any kind of surgery.

For these reasons, we do a blood screening before such procedures. These tests are important and will help ensure the health and safety of your pet before anesthesia is employed.

It is important to understand that a pre-anesthetic/Complete Blood Count profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

### **Home Again microchip Identification System--\$49.99**

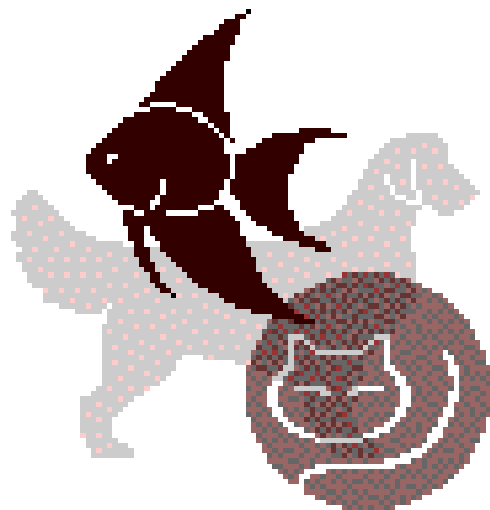
Tranquilization is not necessary for this procedure, but consider having your pet Microchipped while here for the Surgery

\_\_\_\_\_ Yes                      \_\_\_\_\_ No  
                    \_\_\_\_\_ Already has microchip

### **Toenail Trim--No Charge**

Would you like your pet's toenails trimmed while under for surgery?

Yes \_\_\_\_\_                      No \_\_\_\_\_



Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Owner-Agent

## Hospitalization/Treatment Consent Form

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Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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I prefer to receive a courtesy **text message** after the procedure is completed. Please send a text message to the following number: (Cell  / Work  / Home ) \_\_\_\_\_

I prefer a courtesy **phone call** after the procedure is completed. Please call me at the following number: (Cell  / Work  / Home ) \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

In order to better serve you, please provide an appropriate pick up time after 3pm: \_\_\_\_\_

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I certify that I am the owner or have assumed financial responsibility for the above described animal and I do hereby consent and authorize the Waukee-Clive Veterinary Clinic, P.C. and its staff to hospitalize this animal and to administer any vaccinations, medications, tests, surgical procedures, anesthesia, or treatments that the doctors deem necessary for the health, safety, or well-being of the above described animal while it is under their care and supervision.

If this animal should be injured in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Waukee-Clive Veterinary Clinic, P.C. free from any responsibility and/or liability in the absence of gross negligence.

I further realize that if I neglect to pick up the animal within five (5) days of a written notice that the pet is ready for release, which will be mailed to the above address, Waukee-Clive Veterinary Clinic, P.C. may assume that the pet is abandoned. Waukee-Clive Veterinary Clinic, P.C. is then authorized to humanely destroy and/or dispose of the animal as they deem fit.

I further agree that in case of non-payment, a finance charge of 1.5% per month (18 % annually) will be charged, and that any collection fees and/or attorney fees that may be incurred in the collection of this debt will be paid by me.

**Parasites:** If it is determined that your pet(s) have internal (worms, etc.) or external (fleas, mites, etc.) parasites we will treat the animal for the specific parasites at an additional charge to you, the owner.

Waukee-Clive Veterinary Clinic requires that your pet(s) be current on the following vaccinations:

**Dogs: Rabies, DAP (Distemper/Parvo), Lepto, Bordetella, Heartworm Test, and Fecal Exam**

**Cats: Rabies, FVRCP, and Fecal Exam**

If your pet was vaccinated at another clinic, please provide us with the name and phone number of that clinic. If we are unable to verify current vaccinations, your pet(s) will be vaccinated while in the clinic at an additional expense to you.

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Owner/Agent Signature

Date

# Authorization for Dental Extractions

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Please read carefully and sign

The dental procedure today will allow us to thoroughly examine your pet's teeth and gums. A full mouth Dental Radiograph is **included** in today's procedure. Radiographs allow us to determine if any disease is occurring below the gum line that we cannot see. We may uncover problem areas that would benefit from extractions. We also might find that your pet needs some preventive work which might include Clindoral gel is applied.

I understand that \_\_\_\_\_ will be under anesthesia for the dental procedure and that if extractions are needed, I would like the veterinarian to:

1) \_\_\_\_\_ Use the Doctors best judgment, knowing that I will be responsible for any additional charges.

2) \_\_\_\_\_ Do not extract any teeth without my permission.

*\*If I am unable to be reached & don't return the call within 10 mins. I understand that my pet will be woken up from surgery & if I choose to extract them once my pet has been woken up there will be an additional anesthesia charge.*

*\*I understand by not choosing to do the recommended procedure at this time. It may be harmful to my pet and the procedure may need to be done at a later date.*

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SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TODAY'S PHONE# \_\_\_\_\_

ALTERNATE# \_\_\_\_\_

Thank You!