

Value Pet Clinic Tacoma Patient Admission and Consent Form-Dentistry

<last-name>, <animal> Acct# <number> <reminders>

Client Name: <first-name>, <last-name>

Address: <address>, <city> <st>, <zip>

Telephone: <area> <phone>

Breed: <breed> **Sex:** <sex> **Age:** <age> **Weight:** _____

<appt-date> <appt-time> <appt-doctorname>

Procedure to be performed: <[Appointment-Notes-Text]>

	Yes	No	
Has your pet had any food or water since midnight last night?	<input type="checkbox"/>	<input type="checkbox"/>	Current Diet: _____
Has your pet been coughing, wheezing, or breathing hard?	<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet been vomiting or having diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you want your pet microchipped? (additional charges apply)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list: _____
Has your pet ever had anesthesia previously and was there any issues?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
Has your pet ever had an adverse reaction to a medication?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list: _____
Is your pet taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list medications, dosage, and time last given:	<input type="checkbox"/>	<input type="checkbox"/>	

Please note: Capstar will be given orally or a topical treatment will be applied at the owner's expense to any pet with evidence of fleas, flea dirt, or ticks. For the comfort of your pet, pain management is given for all dental procedures.

Authorization

I verify that I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed by Value Pet Clinic Tacoma. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. No guarantees have been made regarding the outcome or cure. I understand that there is always a risk associated with any anesthesia episode, even in apparently healthy animals, and have discussed my concerns with the veterinarian. The veterinarian has provided me the opportunity to ask questions and receive answers regarding the procedure. Procedure risks include serious bodily injury (including, but not limited to: eye injuries, broken teeth, broken jaw) or death. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

We may identify additional problems during the dental procedure that could not be identified beforehand, such as broken or abscessed teeth, bone loss, deep pocketing, etc. These problems are best dealt with while your pet is under anesthesia. Please indicate how you would like for us to proceed if extractions or additional procedures are warranted:

- I **authorize** the veterinarian to proceed with any necessary treatment for my pet, regardless of cost.
 I **authorize** the veterinarian to proceed with any necessary treatment for my pet up to \$ _____

I understand I will not be contacted unless the total cost of services exceeds this amount.

- I **do not authorize** the veterinarian to proceed with additional treatment without my consent. I understand if I am unable to be reached by phone, my pet will be recovered from anesthesia and an additional anesthetic procedure will be needed to correct the problem, which will be at an additional cost.

I agree to be responsible for all charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is admitted to the hospital. I understand there is no overnight care for my pet and some circumstances will require transfer to a 24 hour facility. I also understand that my pet may be picked up no later than 30 minutes before closing.

In the event of an unforeseen emergency, we will attempt to reach you without delay. However, very rarely, emergencies do happen and we want to know your preference if no one can be reached. Please check your preference:

- Please **proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.
- Please **do not proceed** with extreme life-saving measures. I accept responsibility for all costs incurred.

I have read and understand the information printed above.

Signature:

Date:

Phone Number:

Alternate Number:
