

Client ID:

Pet Name:

Client Name:

CONSENT FOR DENTAL CARE

I, the undersigned owner or owner's agent of the above pet, certify that I am over eighteen years of age. I understand that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also understand that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. If my pet has more than _____ (fill in blank with a number) such teeth that should be extracted, I request that a staff member contact me for authorization or information about other options. If I cannot be reached while my pet is undergoing anesthesia and dental care, I consent to additional extractions at the discretion of the attending doctor and agree to pay for all related fees. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

PAIN MANAGEMENT CONSENT

CANINE

_____ I request pain medication to administer to my dog at home. This is an oral medication given for 2-3 days.

FELINE

_____ I request pain medication to administer to my cat at home. This is an oral medication given for 2-3 days.

_____ I request a pain patch. This is a patch that delivers medication through the skin and is left on the cat for 72 hours. I will remove and dispose of the patch at home by flushing it down the toilet. I consent to a small area to be shaved on my cat in order to apply the pain patch.

_____ **DECLINE** any pain management.

Contact clinic for current pricing

VACCINATIONS

CANINE

DHLPPC _____ RABIES _____
HEARTWORM _____ FECAL _____
LYMES _____ BORD _____
PARVO _____

FELINE

FEV-FVRCP _____ RABIES _____
FELV _____ FECAL _____

I request the above initialed vaccinations and/or tests for my pet.

In order to maintain the integrity of our facility, we are now requiring that all patients being admitted to the hospital or boarding facility be given a flea prevention pill known as a "Capstar." Charges may vary dependent upon weight.

As the Owner/Agent of this pet, I have the authority to grant my consent and do authorize the Doctors and Technicians to treat, perform diagnostic tests, anesthetize and operate upon my pet. I understand that no guarantees are made to the outcome of diagnostic tests, treatment or surgery. All charges are to be paid when the pet is released from the hospital or boarding. The pet is considered abandoned if the Owner/Agent has not notified us or picked up their pet after 5 days of the proposed release date. In that event, we will mail a certified letter to your address If "No Response" within 12 days after the written notice, the animal will be considered abandoned. I understand that this does not relieve me of paying all costs of veterinary services and/or boarding.

PHONE NUMBER WHERE I CAN BE REACHED TODAY

SIGNATURE OF OWNER/AGENT

DATE