



Client # _____

Dentistry Pre-Surgical Consent Form

Owner's Name: _____ Pet's Name: _____
 Mailing Address _____ Species: _____
 _____ Breed: _____
 Today's Phone Numbers: 1. _____ Sex: _____
 2. _____ DOB: _____
 You Can Text me at: _____
 (____)____-_____

Time of last:
 Meal: _____
 Water: _____
 Treat: _____
 Medication (note)

I am the owner (or agent of the owner) of the animal described above and have the authority to execute this consent. I authorize and request you to hospitalize this animal; for the purpose of dental procedures and/or other procedures, as specified by this release, and approve the use of the appropriate anesthetics you deem advisable for the well-being of the animal.

I acknowledge that there are factors that limit the ability to detect every dental problem a pet may have with just an oral exam that may include:

1. Lack of patient co-operation can impair visualization, especially of back teeth.
2. Many periodontal problems can be detected only by probing under the gum with an instrument or upon digital radiographs
3. Dental tarter can hide underlying cavities or fractures.

Authorized Procedures: _____

Other than an emergency, if you cannot be reached while your pet is here, we will be unable to perform any procedure that is not already authorized on this admission form. This may lead to the need for additional treatment under anesthesia in the future.

If the hospital staff cannot reach me by phone in a reasonable amount of time, please do the following:

_____ Please treat my pet as deemed necessary by the attending veterinarian, and I will be responsible for any associated costs.

_____ Do not make any major changes in treatment without contacting me first.

Advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. On occasion, unforeseen complications can arise, due to pre-existing conditions not evident during routine physical pre-surgical examinations. I understand that you will use every reasonable precaution to assure the animal's safety while it is in your care, but I will not hold you responsible should it injure itself, escape, fail to eat, become ill, or die. Further, in case of emergency, I consent to any procedures deemed necessary and desirable in the veterinarian's professional judgment. I absolve you of all liability arising from the performance of the procedures requested therein.

Flea control is very important at Carnegy Animal Hospital. Should we discover that your pet has fleas, it will be treated with either Capstar® oral medication or a topical application such as Advantage®. In this manner, we can ensure the transmission of parasites is prevented between animals and we can endeavor to maintain a flea free environment.

I have read and understand this authorization and consent.

Signature of Owner/Agent

Date

Carnegy Animal Hospital

PRE-SEDATION, PRE-OPERATIVE BLOODWORK

Like you, we are concerned for the well being of your pet. Before putting your pet under anesthesia, the veterinarian 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 especially important before a surgery procedure. These test results do not confirm if the animal is allergic to anesthetic.

If the doctor has not already recommended this pre-surgical workup to assess the condition of your pet's ability to undergo anesthesia and surgery/dentistry, you may request these tests by checking the appropriate box below. Our hospital laboratory is equipped to perform these tests, and the results are available to the doctor before anesthetic is administered. Should there be any indication that an abnormality exists, the doctor will contact you before proceeding with surgery.

- YES**, I want my pet to have a pre-surgical blood profile \$ _____
- NO**, I do not want a pre-surgical blood profile

If the workup is declined, I fully understand the possible consequences of anesthesia and surgery/dentistry being performed without the knowledge obtained from the aforementioned workup.

PAIN CONTROL

We share your concern for prevention of pain and suffering in your pet. We usually administer an injectable pain medication upon recovery from anesthesia and while hospitalized. For certain surgical procedures, we will dispense home pain management as well.

ANTIBIOTIC THERAPY

- If your pet shows signs of infection, they will receive an antibiotic injection to protect against infection. The veterinarian may also prescribe antibiotics for home care as well.

OTHER SERVICES (optional)

While your pet is under anesthesia, we can perform many convenient procedures. Please check any that you wish performed:

- Nail trim (complimentary, no charge) YES NO
- Microchip – Permanent identification is an excellent way to identify your pet in case of loss or theft. A chip, the size of a grain of rice, can be inserted under the skin, between the shoulder blades and is inserted much the same as a vaccine. Once registered, you will be able to update your information such as change of address, emergency contact numbers, etc. All recognized shelters (including animal control) and veterinarians have the ability to scan these microchips.
YES NO

ANY AREAS OF CONCERN TO NOTE: _____

I agree to pay in full for services performed including those deemed necessary for medical or surgical complications or unforeseen circumstances. I understand that all fees are due either in advance of service or before my pet is released into my custody.

Signature of Owner/Agent