

All Creatures Great and Small - Patient Admission and Consent Form - Dentistry

Your Name: _____

Your Pets Name: _____

Procedure to be performed: _____

	Yes	No	
Would you like to proceed with pre-anesthetic blood work as recommended in order to reduce the possibility of unknown anesthetic risk for your pet? <i>(additional charges apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like a courtesy nail trim for your pet?	<input type="checkbox"/>	<input type="checkbox"/>	
Would you like any additional services for you pet today? <i>Anal gland expression, ear cleaning or microchip (additional charges apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list _____
Has your pet had any food since 10:00pm last night?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet on any special diet?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list: _____
Has your pet ever had an adverse reaction to a medication or anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain: _____
If your pet has evidence of fleas or ticks, do you want us to treat him/her? <i>(additional charges apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
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: For the comfort of your pet, pain management may be given for 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 All Creatures Great and Small. 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.

We may identify additional problems during the dental procedure that could not be identified beforehand, such as broken teeth, abscessed tooth roots, 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 released from the hospital. I understand once the office is closed, no staff is available for overnight monitoring (pets needing special care may be referred to a 24 hour hospital).

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: _____