

ORAL SURGERY CONSENT FORM

We value your trust in caring for your pet and take every opportunity to practice the best medicine possible. **Options on this form will increase the cost of your scheduled procedure should you elect to do them.** Please print this form, fill it out, and bring it with you on the day of surgery to streamline the admission process.

Your Name: _____

Patient Name: _____

Emergency#: _____

PRE-ANESTHETIC BLOODWORK:

Test results will provide evidence of pre-existing conditions, establish baseline data, and detect internal organ malfunction. Cost is \$41 for pets 0 to 6 years or \$71 for pets 7 years and older.

Yes No

IV FLUID THERAPY:

Fluids during surgery maintain blood pressure support and help flush out anesthesia. Do you authorize us to place an IV for \$25?

Yes No

VACCINATIONS:

We can give your pet its vaccines while under anesthesia. Vaccine and exam fees vary depending on what your pet is due for. Please call for pricing. Do you authorize vaccines today?

Yes No

SPECIAL NOTE:

While your pet is having oral surgery, only the veterinarian will make decisions concerning extractions or invasive dental procedures. The overriding concern is always the comfort and health of your pet. It is never beneficial to leave a loose or infected tooth, despite any cosmetic implications. Even with multiple extractions, pets recover from dental procedures very well. If any procedures are necessary that may exceed your initial estimate, how would you like us to proceed?

Perform any necessary procedures and extractions at this time.

Do not proceed without prior authorization. I may be reached at () _____

ANESTHESIA AND SURGERY CONSENT:

I hereby certify that I have read and fully understand this authorization for treatment and I understand the risks associated with surgery. I am the owner or agent for this pet and I assume full financial responsibility for all charges incurred to this patient (including any additional expenses after surgery due to failure to comply with aftercare instructions). I authorize anesthesia and understand that there are potential complications, including death, associated with anesthesia. I also understand that the veterinarian will make every effort to contact me in the case of unforeseen emergencies regarding treatment, but if unable to contact me, will proceed with any life-sustaining procedures.

Signature of Owner or Agent: _____

Date: _____