

DENTAL Consent Form



Procedure: _____

Like you, our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we 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 important before any kind of surgery.

For these reasons, we do a blood screening before such procedures. These tests are important and help ensure the health and safety of your pet before anesthesia is employed.

It is important to understand that a pre-anesthetic/Complete Blood Count profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

CPR Status Authorization

[] CPR - **I DO** wish the staff to perform resuscitation (CPR) on my pet if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness.

- I accept that if the hospital staff is unable to reach me within 20 minutes after the initial CPR procedures, and after exercising reasonable medical judgment, determine that there is no hope for success, the staff will cease further CPR procedures. I understand that despite the best efforts of the veterinarians and staff at this facility, even the most successful CPR that may restore my pet's life may not allow for my pet to regain his/her normal mental and physical health.

- If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival, I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon by me.

[] DNR - **I DO NOT** wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, or collapse, my pet will pass away if CPR is not performed.

Home Again Microchip Identification System--\$49.99

Tranquilization is not necessary for this procedure, but consider having your pet Microchipped while here for the Surgery

_____ Yes _____ No
_____ Already has microchip

Toenail Trim--No Charge

Would you like your pet's toenails trimmed while under for surgery?

Yes _____ No _____

Signed: _____ Date: _____
Owner-Agent

Hospitalization/Treatment Consent Form

Owner's Name: _____

Address: _____

City/State/Zip: _____

I prefer to receive a courtesy **text message** after the procedure is completed. Please send a text message to the following number: (Cell / Work / Home) _____

I prefer a courtesy **phone call** after the procedure is completed. Please call me at the following number: (Cell / Work / Home) _____

Pet's Name _____ Sex _____ Age _____

In order to better serve you, please provide an appropriate pick-up time after 3pm: _____

I certify that I am the owner or have assumed financial responsibility for the above described animal and I do hereby consent and authorize the Waukee-Clive Veterinary Clinic, P.C. and its staff to hospitalize this animal and to administer any vaccinations, medications, tests, surgical procedures, anesthesia, or treatments that the doctors deem necessary for the health, safety, or well-being of the above described animal while it is under their care and supervision.

If this animal should be injured in an escape attempt, refuse food, soil itself, become ill, or die while in the hospital, I will hold the Waukee-Clive Veterinary Clinic, P.C. free from any responsibility and/or liability in the absence of gross negligence.

I further realize that if I neglect to pick up the animal within five (5) days of a written notice that the pet is ready for release, which will be mailed to the above address, Waukee-Clive Veterinary Clinic, P.C. may assume that the pet is abandoned. Waukee-Clive Veterinary Clinic, P.C. is then authorized to humanely destroy and/or dispose of the animal as they deem fit.

I further agree that in case of non-payment, a finance charge of 1.5% per month (18 % annually) will be charged, and that any collection fees and/or attorney fees that may be incurred in the collection of this debt will be paid by me.

Parasites: If it is determined that your pet(s) have internal (worms, etc.) or external (fleas, mites, etc.) parasites we will treat the animal for the specific parasites at an additional charge to you, the owner.

Waukee-Clive Veterinary Clinic requires that your pet(s) be current on the following vaccinations:

Dogs: Rabies, DAP (Distemper/Parvo), Bordetella, Heartworm Test, and Fecal Exam

Cats: Rabies, FVRCP, and Fecal Exam

If your pet was vaccinated at another clinic, please provide us with the name and phone number of that clinic. If we are unable to verify current vaccinations, your pet(s) will be vaccinated while in the clinic at an additional expense to you.

Owner/Agent Signature _____ Date _____

Authorization for Dental Extractions

Please read carefully and sign

The dental procedure today will allow us to thoroughly examine your pet's teeth and gums. A full mouth Dental Radiograph is **included** in today's procedure. Radiographs allow us to determine if any disease is occurring below the gum line that we cannot see. We may uncover problem areas that would benefit from extractions. We also might find that your pet needs some preventive work which might include Clindoral gel is applied.

I understand that _____ will be under anesthesia for the dental procedure and that if extractions are needed, I would like the veterinarian to:

- 1) ___ Use the Doctors best judgment, knowing that I will be responsible for any additional charges.
- 2) ___ Do not extract any teeth without my permission.

****If I am unable to be reached & don't return the call within 10 mins. I understand that my pet will be woken up from surgery & if I choose to extract them once my pet has been woken up there will be an additional anesthesia charge.***

****I understand by not choosing to do the recommended procedure at this time. It may be harmful to my pet and the procedure may need to be done at a later date.***

SIGNATURE _____

PRINT NAME _____

TODAY'S PHONE# _____

ALTERNATE# _____

Thank You!