

NORTH END



Authorization For Anesthetic Dental Procedure

Owner's Name: _____ Pet's Name: _____

Species: _____ Breed: _____ Age: _____ Sex: _____

Please provide us with a phone number(s) where we can reach you today while your pet is in the hospital:

Phone # 1: _____ Phone #2: _____

I am the owner, or agent for the owner, of the pet described above, am at least 18 years old, and I consent to and authorize the following procedure(s) or operation(s):

The nature of this service has been explained to me to my satisfaction, and I realize that no guarantee or warranty can ethically or professionally be made regarding the outcome. I authorize the use of appropriate anesthetics and other medication as determined by the veterinarian, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I understand that anesthesia involves some risk (even though it may be small). For this reason, blood testing to assess the function of important organ systems is REQUIRED before anesthetics are administered. If significant abnormalities are detected, the advisability of continuing the procedure will be reassessed.

We are requiring comprehensive pain management for all surgical patients. This will include an analgesic (pain reliever) injection before anesthetic recovery, and a supply of medication to be given at home.

I understand that I assume financial responsibility for all services rendered, and that payment is due when my pet is discharged from the hospital, or the case is otherwise concluded.



please continue on backside



Please give us your instructions concerning your pet's dental procedure today:

The number one health problem diagnosed in 9 out of 10 cats and dogs over 4 years of age is periodontal disease. Dental disease puts tremendous demands on your pet's organs, weakening the liver, kidney and heart. We offer a range of dental care that can add happier and healthier years to the life of your pet.

Providing excellent dentistry services for our patients is among the most important goals in our veterinary practice, and we believe your pet deserves nothing less. Clients often ask for estimates of fees for dental procedures, and we're glad to provide them, and try to make them as accurate as possible. However, the extent of the dental disease we encounter in patients can vary widely, from quite mild (which we prefer), to extremely severe, requiring extended anesthesia time, many extractions and antibiotic therapy to treat periodontal disease. Fee(s) for dentistry cases can vary between \$300 to \$1000, depending entirely on what needs to be done and how long it takes.

In order to accommodate you to the greatest extent possible with regard to fees, please check off whichever statements best represent the approach you want to take in providing your pet's dental care.

We want you to feel good about providing your pet with excellent oral health!

- Please provide my pet with the most **complete and thorough** dental procedure possible. I know you will do what is needed, and I will gladly pay the resulting fees.
- I am comfortable spending up to \$ _____ on my pet's dental procedure. If it becomes apparent, during the course of providing this care, that the fees will exceed this figure, I ask that you...
 - STOP THE PROCEDURE.** I understand that this would require further dental work on a later occasion, at additional expense, and that my pet will continue to have problems (i.e., infection, pain, etc.) relating to continuing dental disease.
 - Please call me at the phone number I have provided so we can discuss the case and I can give you further instructions. *If you are unable to reach me immediately on the phone (and this very often is the case), I want you to...*
 - STOP THE PROCEDURE.** I understand the consequences, as given above.
 - Please continue, and provide a complete and thorough dental procedure for my pet. You will have followed my instructions, I will be happy that my pet has received the necessary dental care and I will gladly pay the resulting fees.

 Signature of owner or agent: _____ Date: _____

Hospital admission by: _____

