

Consent for Dental Care

Client Name					Pet Name					
Phone					Species	DOG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CAT	<input type="checkbox"/>
Emergency					Color		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>

Client signified as being over the age of 18 years and understands that All Charges are Due in FULL upon release of patient. Said Client gives consent to allow the doctors and staff of Fairfield VH to perform the appropriate procedures described herein and verifies that all risks and concerns thereof have been addressed at the time of required health examination(s).

- I acknowledged that my pet is scheduled for an anesthetic procedure with or without surgery. I have been informed that advances in anesthesia and anesthetic monitoring techniques have made routine procedures relatively safe, with low rates of complications. However, I understand that occasional problems can occur due to preexisting conditions that are not evident during routine histories and physical examinations.

Intake Evaluation

When did your pet last eat or drink?	
List any medications in past 14 days	

IV fluids are required for this procedure when the pet is elderly or has underlying medical conditions. If your pet is young and healthy, we recommend fluids, but do not require them.

Place your pet on IV fluids during the procedure for an additional fee?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Would you like a printed estimate for today's procedure?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Consent to Perform Extractions & Necessary Procedures

<input type="checkbox"/>	FULL	Perform any necessary extractions and dental procedures at this time including preventative and Emergency Measures should an unforeseen complication arise. For which Client accepts financial responsibility for such measures and procedures performed even in the event that the client can not be contacted.
<input type="checkbox"/>	LIMITED	Do not exceed this amount without authorization. I understand that if I can not be reached by the number provided, or such extractions are declined, any future need for extractions will require additional anesthetic charges.
		Amount
<input type="checkbox"/>	DECLINE	I decline to have any teeth extracted and understand that infected teeth left in the mouth can be painful and can cause infection to spread to major organs in the body. I understand that my pet may need to be anesthetized again to have teeth extracted which will require additional anesthetic charges.

DATE	
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I have read and fully understand the terms and conditions set forth above.

Signature of Owner / Authorized Agent:

