

Date: \_\_\_\_\_

## DENTAL/SURGICAL CONSENT FORM

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ K9/FE Spayed/Neutered

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

### PLEASE READ CAREFULLY AND INITIAL THE APPROPRIATE SELECTION

\_\_\_\_ I understand that general anesthesia is necessary, and that despite standard precautions, there are certain inherent risks involved.

-----**ESTIMATE**-----

\_\_\_\_ I have spoken to the doctor about an estimate for this procedure. I understand that there can be unforeseen complications that may cause the final bill to be higher than the estimate given.

**--OR--**

\_\_\_\_ I have not spoken to the doctor about an estimate and would like a call this morning before the procedure is performed. I will make myself available at the phone number below before 11:00am. I understand that if I am not available to speak to the doctor by 11:00am that the procedure for my pet may need to be rescheduled for another day.

### IF HAVING A DENTAL CLEANING PERFORMED

\_\_\_\_ I authorize any necessary extractions to be done.

**--OR--**

\_\_\_\_ I wish to be contacted by the veterinarian before any extractions. I understand that if I am unavailable, the extractions will need to be done at a later date for additional costs.

Signature: **(to be done at drop-off)** \_\_\_\_\_

Date: \_\_\_\_\_

Or Authorized Agent: \_\_\_\_\_

Phone number where I can be reached today: \_\_\_\_\_

We will call you with an update when we have completed the procedure, however if you have not heard from us by 3:00pm please feel free to call us for information.

If you are having any masses or lump removed please indicate on the silhouette below where they are located.



Top



Bottom