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**DENTAL SURGERY CONSENT FORM**

Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

I am the owner, or the agent for the owner, of the animal described above and I have the authority to execute this consent. I hereby consent and authorize Centennial Animal Hospital staff to perform a dental procedure(s).

I understand that there are certain risks and complications associated with any operation or procedure of this type. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I hereby consent and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the service and procedures, as well as the risks involved, and I also realize that results cannot be guaranteed.

I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure. I understand there are risks associated with the use of any anesthetic or medication.

If necessary, your pet may be sent home with antibiotics and/or pain relief medication. This will be an extra cost of \$35 - \$60.

Initial \_\_\_\_\_

**Extraction & other procedures consent/waiver:**

Many pets require sedation before a thorough oral examination can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it sometimes is impossible to give an accurate estimate before sedation. Please initial the appropriate option below:

\_\_\_\_\_ Please perform whatever procedures & extractions that are required at this time.

\_\_\_\_\_ Please perform whatever procedures & extractions that are required up to \$ \_\_\_\_\_

\_\_\_\_\_ Please phone prior to additional work being performed

**Pre-anesthetic screening consent/waiver:**

Like you, our greatest concern is the well-being of your pet. A physical examination will be performed before we sedate your pet. However, many conditions, including disorders of the kidneys, liver & heart cannot be detected without laboratory blood screening. For these reasons, we highly recommend doing a comprehensive bloodwork panel for your pet.

This is an additional cost of: \$105.50 if under 6 years of age  
\$138 if over 6 years of age

**Accept** \_\_\_\_\_

**Decline** \_\_\_\_\_

I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

\*\*\*\* I agree to pay the full amount that is due *before* the patient is discharged \*\*\*\*

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

I may be reached at the following number(s) today: \_\_\_\_\_