

DENTAL AUTHORIZATION AND CONSENT

MEBANE PET CLINIC

OFFICE USE ONLY	
Date _____	Patient Name _____ Last Name _____
Procedure _____	Owner's initials (indicate consent to named procedure for above pet) _____

Pre-Surgical Information (IMPORTANT- Please initial that you have read each line and note ALL medications):

____ Patient has not eaten anything after 9 pm the night before operation.
 ____ What pre-dental antibiotic is your pet taking? _____ Last dose given: Date _____ Time: _____

____ Is your pet on ANY medications? YES NO **Please list ALL OTHER medications:**

- | | | |
|--------------------|--------------|-----------------------|
| 1. Drug Name _____ | Dosage _____ | Last dose given _____ |
| 2. Drug Name _____ | Dosage _____ | Last dose given _____ |
| 3. Drug Name _____ | Dosage _____ | Last dose given _____ |
| 4. Drug Name _____ | Dosage _____ | Last dose given _____ |

NOTE: if fleas and/or ticks are seen, a flea/tick product will be applied or given by mouth.

____ Does your pet have any known allergies? Yes No If yes, explain: _____

Please INITIAL to give your consent to each recommendation below. These items will be at an additional cost unless otherwise specified.

- ____ I hereby authorize and direct the veterinarian to perform CPR (cardiopulmonary resuscitation) and other life saving measures in case of an emergency.
- ____ I hereby authorize the veterinarian to extract any teeth deemed medically necessary.
- ____ I would like any extracted teeth to be saved and given to me.
- ____ I would like my pet to be protected with a **ResQ Microchip**. This is a microchip placed under your pet's skin with a hypodermic needle for permanent identification. **Cost: \$50.00**

I acknowledge that the veterinarian/staff member has discussed the importance and benefits of performing pre-anesthetic bloodwork to aid in designing the appropriate anesthetic protocol for my pet. **Bloodwork is not optional for some patients, see doctor's requirements for anesthesia.** (Please initial one choice below):

____ I have already had bloodwork run on my pet. Date: _____ Where: _____

____ YES, I do want my pet to have pre-surgical bloodwork. ____ NO, I do not want my pet to have pre-surgical bloodwork.

IMPORTANT: For all dental procedures... We do not have access to dental radiography (x-rays) in the clinic. Therefore we perform dental procedures without taking dental x-rays. Even when x-rays are taken and a problem with a tooth is seen, there can still be a risk of a broken root or jaw fracture in some pets. Referrals are available if you prefer to have access to dental x-rays.

OWNER ACKNOWLEDGEMENT (OF ABOVE X-RAY DISCLOSURE) INITIAL HERE: _____

I, as owner of the above pet, understand the above anesthetic and surgical, diagnostic or therapeutic procedures may involve risk of complications, injury or even death, from both known and unknown causes and no warranty or guarantee has been either expressed or implied as to result or cure. Furthermore, I authorize the hospital staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. I agree to assume financial responsibility for all routine and emergency services rendered.

Your signature below constitutes your acknowledgement that (i) you have read and agreed to the above, (ii) the procedure(s) have been explained to your satisfaction and that you have all the information that you desire, (iii) you have had the chance to ask questions, and (iv) you authorize and consent to the performance of the procedure(s) and to the administration of anesthesia.

Owner's Signature: _____ Witness: _____

Phone number(s) with area code where you can be reached today: (____) _____

(____) _____

OFFICE USE ONLY
Post-Op Call
____ Initials
____ time
____ TGH time

NOTE: It is very important that we are able to reach you at all times while your pet is in the clinic for a surgical procedure.