



Mebane Pet Clinic
1028 Mebane Oaks Road
Mebane NC 27302
(919) 304-5200

DENTAL CONSENT FORM

Client Name:	Mebane Pet Clinic	Patient:
Address:	1028 Mebane Oaks Road Mebane, NC 27302	Age:
Email:		Sex:
Phone Number:	(919) 304-5200	Breed:
Account Number:		Color:

Pre-Surgical Information

(IMPORTANT- Please READ EACH line and note ALL medications):

- Has your pet eaten after 9 pm last night?

- What medications is your pet taking?

- Does your pet have any known allergies?

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

Please CHECK 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 teeth extracted to be saved and given to me.
- I authorize **histopathology of tissues** removed during surgery. (Mass Removals Only)
- 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:\$52.50**

- I approve a **small tattoo** being applied to the spay/neuter incision on my pet. This indicates that pet is already spayed/neutered should pet ever be lost/stolen. Spays/Neuters Only. No additional Fee.
- I approve **post operative cold laser** treatment for my pet. This helps with post operative pain and inflammation. **Cost: \$10**

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 required for pets over 7 years old. Bloodwork is not optional for some patients, see doctor's requirements for anesthesia.** (Please check 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.

I 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.

Owners Signature:

Witness:

Number you can be reached today:

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.