



Craig Road Animal Hospital

Dental Consent Form

I am the owner/agent of the above/described animal and have authority to execute this consent. I hereby authorize consent for a dental cleaning and polishing.

With full understanding of the above, the undersigned owner/agent authorizes Craig Road Veterinary Staff to perform, under the anesthetic deemed advisable, said operation/procedure. I understand that further procedures may be therapeutically necessary based on findings during the operation/procedure. I consent to those procedures, their additional cost, and any unexpected lifesaving emergency care deemed necessary by the attending veterinarian. I understand that risks and potential complications exist with anesthesia and surgery and do not hold Craig Road Animal Hospital liable for those risks. Reasonable precautions will be used against injury, escape, or death of this pet.

PRE-OPERATIVE BLOOD TESTING

-Pre-operative blood testing can screen for: liver and kidney diseases, anemia, and other disorders that may present, and my place my pet at an additional anesthetic risk.

-For patients < 5 years old we recommend the pre-operative profile with complete blood count.

-For the protection of our patients > 5 years old or pets with pre-existing medical conditions we recommend a complete chemistry profile and complete blood count.

___ **YES**, I want presurgical blood testing performed.

___ **NO**, I do not want presurgical blood testing performed. I assume all responsibility in the refusal of this testing.

___ Already done. Date performed _____

Once your pet is under anesthesia, our doctors and technicians will be able to perform a more complete oral exam. During this comprehensive oral exam, we might find one or more teeth that may need to be radiographed and/or extracted, that was not obvious on the initial exam of the teeth. In order to treat your pet according to your wishes, please indicate how you would like us to contact you and/or proceed with your pet's dental cleaning.

___ I approve all necessary dental procedures that are not listed on the estimate provided at the time of check in and take final responsibility for these services.

___ I would like to be called **BEFORE** any additional procedures, other than an emergency situation. If I cannot be reached, I do not authorize the staff at Craig Road Animal Hospital to proceed with additional dental work, and a treatment plan will be provided to me at the time of discharge.

___ I would **NOT** like to be called for any additional procedures, other than an emergency situation. Do not perform any additional dental work, and a treatment plan will be provided to me at the time of discharge.

I understand payment is due in full at the time of discharge. By signing below, I indicate that I understand this consent and have an agreement with Craig Road Animal Hospital. In the event any adverse medical problems occur because of my decision not to treat my pet's dental, I accept full financial and medical responsibility for my decision. I hereby, release Craig Road Animal Hospital and all staff members of all responsibility for my decision.

Signature

Date

Emergency Contact Number