

Animal Friends of Washington County Dental Procedure Consent

Patient Name (Animal): _____

Client Name (Owner): _____ E-mail: _____

Address: _____ P.O. Box _____ City/State/Zip _____

Home Phone _____ Work _____ Cell _____

Species: **Dog** / Cat Sex: **Male** / Female Breed: _____ Color _____ Age _____
Months / Years

Consent for Anesthesia

I, being of legal age and responsible for the animal described above, have the authority to grant Animal Friends of Washington County and its staff members, volunteers or agents my consent to receive, transport, prescribe for, treat and/or perform dental procedures upon the animal described above.

I understand that modern techniques and trained staff will be utilized for the care of all animals, and reasonable precautions will be used to prevent injury, escape, or destruction of the animal. It is thoroughly understood that Animal Friends of Washington County and its staff members, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

If in the course of treatment a condition is discovered that requires medical attention or an additional procedure, such as the administration of IV/SQ fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable candidate for this dental procedure and will be performed regardless of the animal's sex or medical condition (such as the presence of heartworm disease, in heat or pregnancy). I understand the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the absolute discretion of the attending veterinarian.

I understand that my pet may have an increased risk of complications and mortality during and following the dental procedure due to previous injuries, existing conditions, and / or previous complications under anesthesia.

I understand that all animals must be picked up from the clinic at the time designated by the staff on the same day as surgery. If I do not claim the animal, I understand that after 24 hours the animal will be considered abandoned and the animal will be disposed of in accordance with policy established by Animal Friends of Washington County. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be responsible for any and all expenses.

I consent to these procedures and additional costs, if any.

Clinic Policies :PLEASE INITIAL EACH POLICY BELOW!!

Initials _____ I understand AFOWC **DOES NOT accept 3rd party drop offs**. I affirm this is my personal pet I am bringing in for surgery.

Initials _____ If fleas are present on your pet today, a Capstar (24 hour medication to kill fleas) will be administered at a **\$6.50 additional charge**
 We can apply a 30 day flea & tick prevention for additional costs if preferred (Please ask a Technician for details)

Initials _____ A current rabies vaccine certificate is required or Animal Friends will rabies vaccinate my animal at a **\$12.50 additional charge**

Initials _____ I understand that Animal Friends does not provide boarding and all pets are to be discharged & picked up by **4:00pm**
- after hours / late pick up charges may occur

Initials _____ I understand payment is due in full at time of services ; **CHECKS are NOT accepted**



I consent to these procedures and any additional costs

Pet Owners Signature

Date

Patient Pre-Admitting Information

EMERGENCY NUMBER SO WE CAN REACH YOU AT ONCE!! () _____

The above number is VERY IMPORTANT if we need to talk with you immediately!

List any **Behavioral concerns** (biting, aggression, feral, etc.) _____

1. Has your animal ever had a **seizure**? **Yes / No / Unknown**

If "yes", please explain _____

2. Any **reactions** to vaccinations, drugs, or medications? **Yes / No / Unknown**

If "yes", please explain _____

3. Any history of medical treatments: **Yes / No / Unknown** (Heartworms, Parvo, Other _____)

4. Has your animal shown any symptoms of illness recently? **Yes / No** (Sneezing, Coughing, Vomiting, Diarrhea)

5. Is your pet taking any medications (Other than monthly flea/heartworm preventions)? **Yes / No** please list:

6. Date of last Rabies: _____

Animal Friends Veterinarian – strongly recommends pre-anesthetic blood panel prior to surgery for all animal(s)

Your pet is scheduled for anesthesia and/or surgery. Before putting your pet under anesthesia, we will perform a physical examination. However, we recommend a pre-anesthetic blood profile to be performed in order that we may maximize patient safety and alert the doctor to the presence of **anemia, dehydration, diabetes, kidney disease, or liver disease which could complicate the procedure**

The drugs administered during surgery are metabolized by both the Kidneys (renal) and Liver (hepatic). The chemistry panels and electrolytes tell us if your pet's organs are healthy and performing as they should. An appropriate anesthetic protocol will be chosen, based on your animal's blood value results.

****It is mandatory for animals 7 years of age and older to have a Comprehensive Pre-Anesthetic Blood Screening when undergoing anesthesia****

____ **YES : I Approve - Pre-Anesthetic General Profile - \$35.00**

Ideal to screen young patients for safer anesthesia - *Comprehensive Profile & LYTE 4*

____ **YES : I Approve - Comprehensive Pre-Anesthetic General Profile - \$55.00**

Ideal for adult / geriatric patients for safer anesthesia - *Comprehensive Profile with CBC & LYTE 4*

* Mandatory for animals 7 years of age and older

NO I Decline Bloodwork

I, _____ **decline the recommended Panel/Test at this time and accept the increased risk of complications and/or mortality and request that you proceed with anesthesia. I understand without Pre-Anesthetic Blood work that a medical condition may exist which would be impossible to identify during a physical exam alone and that my pet's health could be at risk if such condition goes undetected when my pet is placed under anesthesia. I also understand there are always potential risks when using anesthesia or performing surgery and these blood tests do not guarantee a positive result. I understand the attending veterinarian can decide on any pre-anesthetic blood work to be ordered for the safety of my animal prior to anesthesia regardless of the animal's age at my expense.**