

**NC (NC3)      NC NC (NC) (210) 393-8581**  
CANINE    **BOXER**    16 Yrs. 11 Mos.    Female    30 pounds (8/11/2023)

## Consent for Anesthesia and Dental Care

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

I hereby authorize ELLISON DRIVE ANIMAL HOSPITAL and its designated associates or assistants to administer such treatment and perform such procedures, including anesthesia, as are considered therapeutically and/or diagnostically necessary for the care of my Pet. These procedures include but are not limited to the following: dental prophylaxes (routine teeth cleaning, polishing and extractions).

**Every Patient that will be staying in the clinic will be given a pill called Advantus OR Capstar to kill fleas, regardless if the pet is current on a monthly flea prevention. Cost to owner is \$11-\$15. All animals entering the hospital must be current on ALL vaccinations or they will be treated upon entry at the owner's expense.**

I am aware that dental procedures for animals requires the use of anesthesia to 1) maximize visualization of the gums, teeth, and oral cavity, 2) allow for dental radiographs, 3) minimize movement and discomfort and 4) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures. I also understand that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. I accept that veterinary medicine is an inexact science and that no guarantee of a successful treatment has been made.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. I have authorized the given estimate, along with a limited number of additional extractions that can be added, if necessary, notated below. If there are any additional extractions necessary, above the amount pre-approved, then a technician or doctor will contact you for your approval. If you are unable to answer the phone when we call, we will have the reception team make several attempts. However, if we are unsuccessful in reaching you, we will be forced to move forward in waking your pet from anesthesia. Otherwise, all questions and concerns I have about the recommended dental procedure have been answered to my satisfaction.

**Additional extractions amount approved in addition to the estimate given.**

\_\_\_\_\_ \$300                  \_\_\_\_\_ \$500                  \_\_\_\_\_ \$700                  \_\_\_\_\_ \$900

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered.

**If I am unable to be reached in the event of an emergency**, I pre-authorize the veterinarians and assistants to perform such medical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied. I give consent for treatment not to exceed the amount of. I hereby release the veterinarians and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of his/her treatment.

\_\_\_\_\_ \$0 - DNR                                  \_\_\_\_\_ \$300 - CPR

I also authorize the hospital to obtain any medical information from the previous veterinarian that might be needed during the above-named animal's stay in the hospital.

**I accept financial responsibility for the treatment(s) of the above-named Pet and I understand that payment in full is due upon the release of my pet from the hospital or when service is otherwise terminated. Please provide the following services:**

Owner/ Authorized Agent Signature: \_\_\_\_\_