

Pet's Name _____ Age _____ Owner _____

Please read and sign the following consent form. If you have any questions, please make sure they are answered to your satisfaction before signing the form. I authorize the Doctor of Wallburg Animal Hospital to perform the following procedure: _____ on my pet. All surgical procedures are performed by a Licensed Veterinarian and I understand that hospital support staff may be used as deemed necessary by the Veterinarian. I understand all pets must be current with vaccines and free of fleas and other external and internal parasites to be admitted into the hospital and the hospital may satisfy these requirements, at the owner's expense.

Wallburg Animal Hospital has the best interest of your pet in mind. Our doctor(s) and staff take every precaution to prevent adverse events related to surgery or anesthesia. This may include physical exam, monitoring of heart rate, respirations, and pulse oximetry. If an emergency situation arise during surgery or recovery, your pet WILL be treated with emergency drugs, if needed, at your expense. To further reduce the risk of adverse events, additional pre-operative screenings can be performed. Please check the level of screening you wish for your pet to receive. If no choice is initialed, Level 1 will be performed on pets under 7 years old; and level 2 will be performed on pets over 7 years old. If our doctor has a concern about your pet's health, she may elect not to perform surgery without labwork. Initial choice of ONE option only:

- _____ Level 3: **Strongly Recommended** This includes a pre-surgical brief physical exam, full chemistry panel and CBC. **This level is required on all pets 10 years of age and older or the Doctors requirement.**
- _____ Level 2: This includes a pre-surgical brief physical exam and mini chemistry. This level is required for all pets 7-10 years old.
- _____ Level 1: Presurgical brief physical exam (included in price or surgery).
- _____ Level 0: Laboratory work has already been performed and not needed by veterinarian.

Pain Management- Routine dental cleanings do not require pain management, unless teeth are extracted, gum disease is present or oral surgery is performed. Your pet will be given pain medication in the hospital and sent home with medications. Pain medication is an additional expense and given when deemed necessary.

IV catheter placement: This gives the Doctor emergency access to a blood vessel in the event of an anesthetic emergency. The leg will be shaved for the catheter to be inserted and maintained. IV Fluids are given during every dental procedure.

Dental cleaning: If your pet is having their teeth cleaned, many underlying tooth or gum problems cannot be determined until they are under anesthesia, dental radiographs are taken, and the tartar has been removed. The veterinarian will assess the situation and determine if any teeth need to be pulled. Since your pet is under general anesthesia, we do not want to have to stop the procedure to try to reach you by phone to obtain permission or give you an estimate since that puts your pet at greater risk of not being properly monitored while the doctor is on the phone. **Initial ONE option.**

- _____ I understand teeth may have to be pulled, during a teeth cleaning, and there will be additional expense. This expense will depend on the number of teeth pulled, pain and antibiotic medications, anesthesia/procedure.
- _____ I need the doctor to call me before the dental procedure with a high end estimate to see if I would like to proceed with the dental cleaning today. I understand this is just an estimate and may vary once the pet is under anesthesia and the tartar has been removed and they are able to fully assess each tooth structure on dental radiographs. I also acknowledge that I will be available at the emergency contact number and if I cannot be reached, I understand that the procedure will be cancelled for today.

Despite pre-operative screening and monitoring during and after surgery, adverse effects are possible. They include, but are not limited to blood loss, delayed wound healing, infection, and death. Severe adverse effects are more likely in animals that are in poor health, but are possible in any animal, including those with normal pre-op exams and bloodwork. By signing below, you release Wallburg Animal Hospital and its employees from any liability of adverse events beyond our control. I have been informed that there are certain risks and complications associated with any operation or procedure. They have been explained to me as well. I further understand that during the course of the operation/procedure, unforeseen conditions may arise. I have read and understand the statements above and by my signature below, I agree to Wallburg Animal Hospital's policies.

Pet's Name _____ Owner's name (please Print) _____

Phone numbers where you can be reached today: _____

Payment if full is required at the time services are rendered. Please indicate your method of payment today:

Cash____ Check____ Visa/Mastercard/American Express/Discover____ Care Credit_____

Owner's Signature _____ Date _____

I am the Owner or agent for this pet and I have the authority to execute this consent. I agree to all terms listed above.