

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(s) of Wallburg Animal Hospital to perform the following procedure:     DENTAL     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**. If pets are not up-to-date with vaccines or fleas are present, the hospital may require treatment to prevent spreading illness/parasites, 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 arises during surgery or recovery, your pet will be treated with emergency medication at your expense.* **To further reduce the risk of adverse events, additional preoperative screenings can be performed.** Please check the level of screening you wish for your pet to receive. *No selection will automatically default to Level 1 to be performed on pets under 7 years old; and Level 2 to be performed on pets over 7 years old.* It is Doctors discretion to move forward with surgical procedures, if concerns arise, the doctor can refuse to perform surgical procedure based on patients best interests.

**LAB WORK IS DONE AT ADDITIONAL CHARGES. Initial choice of ONE option only:**

\_\_\_\_\_ Level 3: This includes a pre-surgical brief physical exam, full chemistry panel and CBC. (\$148.00) *Strongly Recommended*

**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 chemistry. (\$113.00) *default 7yrs and older*

**This level is required for all pets 7-10 years old.**

\_\_\_\_\_ Level 1: Presurgical brief physical exam (included). *default 7yrs and younger*

\_\_\_\_\_ Level 0: Laboratory work has already been performed and not needed by the 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:** An oral exam before a dental cleaning may not show the full oral health of your pet. Many underlying tooth or gum issues can not be fully determined. Once under anesthesia the veterinarian will fully assess the oral cavity after dental radiographs have been performed. If additional services are recommended it is very important to be able to reach you. Please read the following options and select: **Initial ONE option.**

\_\_\_\_\_ I understand teeth may have to be pulled, during a teeth cleaning, and there will be an additional cost. This expense will depend on the number of teeth pulled, pain and antibiotic medications, anesthesia/procedure. I authorize up to \$\_\_\_\_\_

\_\_\_\_\_ 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 UNDERSTAND IF I AM UNABLE TO BE REACHED WHILE PET IS UNDER ANESTHESIA, MY PET WILL BE WOKEN UP WITHOUT ADDITIONAL SERVICES (i.e EXTRACTIONS) BEING PERFORMED \_\_\_\_\_ Owners Signature**

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.