

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 Veterinarian(s) of Wallburg Animal Hospital to perform the following procedure: DENTAL on my pet. All surgical procedures are performed by a Licensed Veterinarian and hospital support.

\_\_\_ Blood work has been performed at previous visit \_\_\_\_\_ I authorize Blood work to be performed today  
\_\_\_ I decline blood work and understand preoperative blood work reduces potential risks under anesthesia.

**IV catheter placement:** An IV catheter will be placed during the procedure today. This gives the veterinarian 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:** Routine dental radiographs and dental prophylaxis will be performed today. An oral exam before a dental cleaning may not show the full oral health of your pet. Many underlying tooth or gum issues may not be fully determined. Once under anesthesia the veterinarian will fully assess the oral cavity after dental radiographs have been performed.

I understand teeth may be recommended for extraction during a routine cleaning at an additional cost.

**If cost goes beyond previously discussed estimate \$ \_\_\_\_\_, I authorize up to \$ \_\_\_\_\_ total.**

If extensive dental services are recommended over the cost written, we will call to discuss.

If we are unable to speak with you, **you understand that your pet will be woken up without further treatment.**

**Pain Management-** Routine dental cleanings will not be given pain management.

*If 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.*

**Authorization and risk assessment**

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. Risks may include: blood loss, delayed wound healing, infection, and death. I authorize Wallburg Animal Hospital to perform any additional diagnostic treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Wallburg Animal Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Wallburg Animal Hospital, the veterinarians, or any team member liable for any complications that may arise. My signature on this consent form indicates that questions have been answered to my satisfaction and agree to Wallburg Animal Hospital policies.

**BY SIGNING BELOW, I (the undersigned) UNDERSTAND I AM RESPONSIBLE FOR PAYING INVOICE IN FULL TODAY.**

\_\_\_\_\_ Owners Signature      Owner's name (please Print) \_\_\_\_\_

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.

Phone numbers where you can be reached today: \_\_\_\_\_