

ISLANDSIDE ANIMAL HOSPITAL DENTAL CONSENT FORM CLIENT

NAME:_____ **PATIENT NAME:**_____

BEST PHONE #:_____ **2nd PHONE #:**_____

I am the owner/agent for the owner of the animal and have the authority to execute this consent. I hereby consent and authorize the use of anesthesia and pain medications, and the performance of the following procedure (s):_____

*****PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW *****

- Your pet is scheduled for a procedure that requires anesthesia. Our greatest concern is the well being of your pet. Before surgery, a veterinarian will perform a complete physical exam to identify any existing medical conditions that could complicate the procedure or compromise your pet's health. Please be available and check your phone in case we need to contact you.
- I request you proceed with anesthesia. I understand that a medical condition may exist that may not be identified by a physical exam alone. I understand my pet's health could be at risk if such a condition goes undetected when my pet is placed under anesthesia. I understand I can request pre-anesthetic bloodwork to be done prior to any anesthetic procedure if it has not already been performed. Pre-anesthetic bloodwork performed at least 48 hours prior to surgery will cost \$85. If performed in-hospital the day of surgery the cost is \$120. I want this additional bloodwork performed. ____YES____NO.
- We offer dental radiographs for an additional cost of \$95. Dental radiographs allow us to view the root (located under the gumline) and make the best decision for your pet's dental health while they are under anesthesia. Would you like for us to perform this treatment? ____YES____NO
- Does your pet need a microchip? We recommend doing this anytime they are under sedation due to the needle size used to insert the microchip. The cost is \$35 ____YES____NO
- My estimated price may not include unexpected dental extractions, additional medications to go home, or an e-collar (cone of shame) if needed.
- I also consent to the performance of any medical treatment deemed necessary by the veterinarian to preserve the life of my pet, and will be responsible for the costs of such treatments and medicines.
 - If the veterinarian finds any teeth that need to be extracted, do we have your permission to perform the necessary extractions or do you request a phone call first?

NO TEXT / PLEASE TEXT

- If we are unable to reach you, should we proceed with the necessary tooth extractions?

YES / NO

I agree and understand that by signing the Electronic Signature Acknowledgement and Consent Form that all electronic signatures are the legal equivalent of my manual/handwritten signature.

SIGNATURE OF OWNER/AGENT:_____ **DATE**_____