



Date:
Client:
Address:
City, State:
Zip Code:
Phone:

Pet:
Species:
Breed:
Microchip:
Birthdate:

List any current medication & last time given:
1)
2)
3)

The following information is necessary in order to serve you better and give you more personal attention. Please fill out the form completely and double check your personal information to be sure everything is current. I, owner or authorized agent of admitted patient, hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer treatment as necessary to perform the following **surgical, dental or diagnostic procedure**, and additional procedures as are considered therapeutically and/or diagnostically necessary. I also consent to the administration of such anesthetic as necessary. I hereby

authorize performance of the following procedure(s): **Surgical Dental Cleaning**

In addition to the above procedure, while your pet is under anesthesia he/she may receive a complimentary ear cleaning and nail trim. If you would prefer that we NOT do these services, please let us know.

Fasted (8-12 hours)? Yes No

Home Again Microchip - (Which includes 1 year subscription!) Cost is \$45 Yes No Pet is microchipped

Pre-anesthetic Bloodwork - This is **STRONGLY** recommended for your pet's safety as pre-existing conditions may be present and may not be physically evident. For this reason, we offer blood profiles that include measurements of your pet's liver and kidney function, red blood cell count, white blood cell count, platelet count, etc. Cost is \$72-\$105 Yes No

Tooth extractions - We cannot know if teeth will need to be removed until we have performed an exam under anesthesia. We only remove teeth that we feel are causing pain or could be a source of problems including infection. Often pets do not show outward signs of dental pain. If we feel teeth need to be removed, how should we proceed? **Extractions vary on cost depending on type of tooth and extent of disease and can cost \$20-\$100 per tooth.**

Please initial ONE of the following regarding tooth extractions:

Remove **ANY** teeth that need to be extracted with the understanding of additional charges.

Please call me at the number listed below first, but if you cannot reach me, you may proceed with any extractions.

Do nothing else unless you reach me first. I understand you wake my pet from anesthesia without doing the simplest of procedures.

Dental radiographs - Dental radiographs help us determine overall health of the teeth and jaw. They also help us determine if a tooth needs to be removed and if it can be removed safely. Radiographs are also very important when extracting teeth to confirm entire root was removed.

Please initial ONE of the following regarding dental radiographs:

Perform radiographs of **ALL** teeth. Cost is \$88 (strongly recommended).

Perform radiographs **ONLY** of teeth being extracted. Costs is \$28 per view (not to exceed \$88).

Do **NOT** perform radiographs. I understand this is against medical recommendations.

Therapeutic Laser - This can be performed after surgery to help reduce pain and inflammation as well as speed healing of tissue of extraction sites. Only recommended if extractions performed. Cost is \$15 Yes No

I further understand that no guarantee of successful treatment is made. I hereby certify that I have read and understand this authorization, the reasons that this procedure is considered necessary, as well as its advantages and possible complications, if any. I will not hold Critter Care Animal Clinic, the doctors, or the staff liable for any complications. **I assume financial responsibility for all charges incurred to the patient and agree to pay all charges at the time the patient is discharged.** I understand that if my pet is not current on his/her rabies vaccination, it will be updated at the time of service. I also understand that any patients found to have fleas will be treated at the owner's expense.

I understand that there may be risk involved in these procedures. In the event of a cardiopulmonary arrest (loss of normal heart beat and breathing), I understand immediate action must be taken. **I authorize ONE following: (please initial)**

Cardiopulmonary Resuscitation (CPR) as deemed necessary by the doctor to try to restore normal heartbeat & breathing. (Additional charges will apply.)

No resuscitation efforts will be attempted.

Date: _____ Signature: _____ Emergency Phone Number: _____