



Pacific Animal Hospital

Dental Procedure and Anesthesia Consent Form

Owner's Name _____ Pet's Name: _____

Examination/Vaccination/Preventative Care: Is your pet current on vaccines? Yes No
If not, would you like us to perform these today? Yes No

*Please ask one of our staff members if you have any questions regarding guidelines.

Diagnostics/Treatments: Are there any additional treatments or procedures that you would like to have performed today? _____

When did your pet last eat (date and time)? _____

Is your pet currently on any medications? Yes No

Medication (name and dosage): _____ last dose given at _____ am/pm

Medication (name and dosage): _____ last dose given at _____ am/pm

Is your pet allergic to any medications? Yes No If yes, please specify: _____

Thank you for entrusting your pet's dental care to the doctors and staff at Pacific Animal Hospital. As we proceed today, the doctor may need to take dental radiographs or perform unexpected oral surgery, such as extraction of an abscessed tooth. We will do our best to contact you, however **if we are unable to reach you**, please indicate your preference below, so the doctor can proceed with any needed care while minimizing the length of time your pet is under anesthesia. Please remember that you must be available by phone between the hours of **9 am and 2 pm today**. Therefore please leave all phone numbers we can reach you at including times available at each number if applicable.

IF I AM UNABLE TO BE REACHED BETWEEN THE HOURS OF 9 AM AND 2 PM PLEASE PROCEED AS FOLLOWS:

- The doctor may perform any additional dental procedures that are in the best interest of my pet's health. I understand there will be additional fees for these procedures.
- Please do not perform any additional dental procedures even though my pet will be awakened from anesthesia without the needed dental care and will need another anesthetic procedure to treat his/her dental disease.

As the owner or agent of the above described patient, I do consent and order the procedure(s) or operation(s) described on this form. I understand that during the performance of said procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing services. I hereby authorize the performance of such services as are necessary and desirable in the veterinarian's professional judgment.

I also authorize the use of appropriate anesthetics and other medication, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised regarding the nature of the procedures and risks involved and understand that results cannot be guaranteed.

I have read and understand this authorization and consent.

Opt out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!

Signature: _____ Date: _____ Staff Initials _____

Phone Numbers I can be reached at today:

1: _____ 2: _____