

DENTAL ADMISSION AND CONSENT FORM



PATIENT _____

DATE _____

OWNER/RESPONSIBLE PARTY _____

PHONE NUMBER YOU CAN BE REACHED AT TODAY _____

Has your pet had any food since 8pm last night? Yes No

Does your pet have any medical problems or past problems with general anesthesia that we should be aware of? _____

Have you received an estimate of the fees for today's procedure? Yes No

If not, would you like one provided? Yes No

Are any other procedures to be performed on your pet during their stay today? Yes No

If so, what else is to be done? Microchip? Toenails? Vaccinations?

Other procedures? _____

We recommend presurgical blood screening for all patients prior to anesthesia. This blood panel checks kidney and liver function and screens for anemia. Please select one of the following:

____A. Please perform the preanesthetic blood screen. (additional \$44.00)

____B. I decline preanesthetic screening.

If the doctor finds diseased, unhealthy teeth that your pet would benefit from having radiographed or possibly extracted, how would you like us to proceed? Please select one response.

____A. Please perform necessary dental care, as the doctor deems appropriate.

____B. Proceed with necessary care but call me if the cost exceeds an additional \$200.

____C. Call me prior to any additional care. (In the event we are unable to reach you, we will need to proceed with radiographs and medically necessary extractions, along with appropriate pain and antibiotic medication.)

I authorize the agreed upon dental procedures to be performed on my pet by the doctors and staff of the Lien Animal Clinic. I understand that this is done under general anesthesia and that there are inherent risks involved, despite precautions taken. The nature and purpose of the procedure and the risks and potential complications have been fully explained to me.

Owner or agent's signature _____

