



**CONSENT FORM
INCLUDING DENTAL PROCEDURES**

Owner: _____

Animal: _____
Microchip # _____

I request Douds Veterinary Hospital to admit my pet to have the following performed:

I understand that there are risks associated with surgery, anesthesia, and other procedures, and that the veterinarians will do their best to minimize these risks. If my animal's condition changes such that additional treatment is needed, the veterinarian will try to contact me. If they cannot reach me, I authorize them to perform such treatment as they deem necessary.

I will pay for all treatments when I pick up my pet.

Signature: _____ Date: _____

Phone numbers where I can be reached during my pet's hospitalization:

_____ and _____ and _____
(Number) (Name) (Number) (Name)

***** FOR OFFICE USE BELOW *****

Would the owner like us to call them after their pet's procedure is done to give them an update?

Yes ___ No ___ If yes, at what number? _____ (Called at _____ by _____)

Or the owner may call us after _____ (time) for an update.

Would the owner like us to text them with an update?

Yes ___ No ___ If yes, at what number? _____ Phone carrier _____
(Sent text message at _____ by _____)

Pick up arrangements:

___ Owner may pick up their pet _____ (time & day) or

___ We will call the owner at _____ (number) when their pet is ready to go home.

(Called at _____ by _____)

Staff member's initials _____

Heartworm Disease is a disease that affects dogs and an increasing number of cats. An undetected heartworm infestation could drastically complicate anesthesia on your pet. We require that dogs over the age of 7 months undergo testing prior to anesthesia if they not been tested within the past 12 months. We recommend that all dogs be on heartworm prevention year-round and be tested yearly.

- Please perform a heartworm test on my pet prior to anesthesia. The cost is \$_____.
- I decline this test at this time and understand the risks. (Not recommended.)
- My pet is on preventive medication and has been tested within the last 12 months.

Feline Leukemia Virus and **Feline Immunodeficiency Virus** are viruses in cats that cause immunosuppression. If a cat is positive for one of these diseases, anesthesia may be an increased risk. We highly recommend testing animals prior to anesthesia if we do not already know their disease status.

- Please perform a FeLV/FIV test on my cat prior to anesthesia. The cost is \$_____.
- I decline this test at this time and understand the risks.
- My pet has already been tested and is receiving FeLV vaccines routinely.

Dental Procedures

Our dental cleaning procedures (dental packages) include a pre-anesthetic profile (mini blood analysis), IV catheter and fluid therapy, and dental x-rays.

Examinations and dental x-rays under anesthesia often reveal abnormally loose teeth that fall out or should be extracted or require further work. If such conditions are found, I would like you to:

- Go ahead with the extractions or additional procedures
- Call me while my pet is under anesthesia to discuss the extractions or work that is recommended. I understand that if I cannot be reached, my pet will be awakened from anesthesia without the additional work being performed.
- Call me if the number of extractions will exceed _____ or the cost of extractions will exceed \$_____

Clindoral is a long-acting antibiotic gel. Its purpose is to inhibit bacterial growth in periodontal pockets to help prevent extractions.

The cost is \$_____.

- Please give my pet a Clindoral treatment.
- I decline a Clindoral treatment at this time.

Pain Relief Recommendations:

Laser Therapy

- Please perform a laser treatment after the dental procedure to decrease pain and speed healing. The cost is \$_____.

Medication _____ Cost _____

- I accept the above recommendation for pain relief for my pet.
- I would like my pet to have the above pain medication only if tooth extractions are performed.
- I decline pain relief medication for my pet at this time. (Not recommended.)

I have read the above information and made informed choices as noted by check marks on the appropriate lines under each category.

Signature: _____ **Date:** _____