



Client Name:

Pet's Name:

Species:

Breed:

Age:

Sex:

I, the undersigned owner or agent of the owner, of the pet identified above, certify that

I am or  I am not eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the dental cleaning & polishing, visually checking & probing all teeth. Sometimes during routine dental cleanings we find teeth that have potential problems. In the event that this happens: Please initial which treatment option you prefer:

OPTION 1: \_\_\_\_\_ I authorize any tooth extractions that are not known at the time the procedure commenced, but the Doctors feel is the best medicine for my pet. The cost of the extractions will vary depending on the teeth involved.

OPTION 2: \_\_\_\_\_ I decline any tooth extractions that were not previously known before the time the procedure commenced. I am aware that declining extractions may result in decreased quality of life for my pet.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or technician before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care. I understand that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also understand that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction. I understand that an estimate of the fees for the above dental care will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

I am aware that if my pet has fleas, ticks, or any other contagious parasite that the Doctor has authority to treat my pet to decrease chances of exposing other pets

I am aware North Paws Animal Hospital is not an overnight facility, meaning no staff is present after hours even if a pet is boarding/hospitalized.

Phone number(s) at which you or an authorized person can be reached today and/or tomorrow.

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Proof of a current rabies vaccination is required at time of surgery. Pets that do not have a current rabies vaccine or cannot provide proof of vaccination will be vaccinated the day of the surgery.

Other Vaccinations:  CURRENT  Please update today  NO I am not interested in vaccinating my pet at this time

Fecal examination within the last year (\$34):  YES  NO  Please check a sample today

Any vomiting, coughing, and/or diarrhea in the past 14 days?  YES please explain  NO

Did your pet EAT this morning?  YES  NO

Is your pet allergic to any drugs?  YES - Which medication(s)? \_\_\_\_\_  NO

Has your pet had ANY illness or injury in the past 30 days?  YES – Explain  NO

Is your pet on any medications?  YES Which medication(s)? \_\_\_\_\_  NO

Is there ANYTHING we should know about your pet? (i.e. liver, kidney, heart problems, history of seizures, medication allergies, in heat, pregnant, etc.)

A Microchip is a Permanent Pet Identification, a proven way to successfully recover your pet if it should be lost or stolen (\$47.25):

YES I would like my pet to have a microchip  NO I am not interested at this time  my pet already has a microchip

PRE-ANESTHETIC EKG: Anesthesia carries some risk. Therefore, EKGs are recommended before general anesthesia. EKGs evaluate cardiac rhythm and can identify underlying heart disease before going under anesthesia. Without performing an EKG we may not know your pet has underlying cardiac issues that may not be noticed in early stages. Cardiac disease requires special anesthetic agents to avoid putting strain on the heart. (\$51.45)

YES I would like my pet to have an EKG.  NO I am not interested in the EKG at this time.

PRE-ANESTHETIC BLOOD TESTING: Anesthesia carries some risk. Therefore, blood testing is recommended before general anesthesia. The anesthetic agents are often removed from the body by the kidneys and liver, so it is important to know before anesthesia that these organs are functioning correctly. The CBC helps us to determine if you pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination to proceed with surgery or not. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet. (\$75)

YES I would like my pet to have bloodwork done.  NO I am not interested in bloodwork at this time

HEARTWORM TESTING: Heartworms are the most life-threatening of all canine parasites. Unchecked, heartworms can restrict the flow of blood to the heart, leading to organ failure. Since heartworm and their larvae reside primarily in the heart and lungs, we recommend a heartworm test before anesthesia for the safety of your pet. Test also screens for Ehrlichia, Anaplasmosis and Lyme disease. **REMEMBER:** If your pet is current on heartworm preventative, a heartworm test is required every year. If your pet is not currently on preventative, or if your pet may have missed a dose of preventative, then a heartworm test is recommended before any anesthetic procedure. (\$47)

YES I would like my pet to be tested.  NO I am not interested at this time  Already tested this year: \_\_\_\_\_

**In the case of an emergency, please elect CPR or DNR**

YES- I would like you to perform life saving measures (closed- chest resuscitation) in the case of an emergency. I am aware this may result in an additional charge and performing CPR does not guarantee resuscitation (\$40)

NO- I would not like you to perform life saving measures in case of an emergency.

**I have read and fully understand the above terms and conditions set forth above.**

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian (if owner is under 18): \_\_\_\_\_

Date: \_\_\_\_\_