

Pet Name: _____

Owner/Agent Name: _____

Date of Procedure: _____

**JERSEY VILLAGE ANIMAL HOSPITAL
DENTAL CONSENT FORM**

Procedure: _____

The early stages of many disease processes are often asymptomatic, and a physical exam alone may not identify all of your pet's health problems. Pre-anesthetic blood testing allows us to screen for hidden problems and can indicate chemical imbalances that could affect your pet under anesthesia. Testing can provide the doctor with valuable information regarding your pet's health, thereby reducing the risk of anesthetic complications. In addition, the results of these tests will serve as reference values for future use should your pet become ill.

Jersey Village Animal Hospital strongly recommends pre-anesthetic blood testing for all animals undergoing anesthesia. For those patients 7 years of age and older, we recommend the General Profile. **All packages include an ECG.**

___ IV Catheter, Fluids, and ECG - \$61.50 **Initial** _____

___ Mini Profile (CBC, platelet count, BUN, Total Protein, ECG) - \$149.50 **Initial** _____

___ Basic Profile (Mini Profile plus Creatinine, Glucose, and ALT/ALKP) - \$174.50 **Initial** _____

___ General Profile (Basic Profile plus albumin, amylase, calcium/phosphorous, cholesterol, and total bilirubin) - \$199.50 **Initial** _____

___ I have elected to refuse the recommended bloodwork at this time and request that you proceed with anesthesia. I assume full responsibility for my pet. I understand there are always potential risks when using anesthesia or performing surgery on an animal. I understand that it is against medical advice to decline pre-anesthetic diagnostic testing.

Pain Management – Your pet will receive an injection for pain during surgery, however, some procedures and some patients may require additional pain management once they go home.

___ Yes, I do request go home pain medications.

___ No, I do not request go home pain medications.

Additional Services – The following services can be performed while your pet is under anesthesia with no additional discomfort.

___ Microchip - \$81.50

In any situation, we want you to feel confident that your pet is receiving the best care possible. We will give you a follow-up call after <animal> has recovered from the procedure to inform you of his/her condition.

Contact Number _____

I authorize the veterinarian(s) and staff at Jersey Village Animal Hospital to perform the above procedure(s). My questions have been answered to my satisfaction, and I understand that although all reasonable precautions and due care will be taken; there is always a potential risk with anesthesia and surgery. I accept these risks and authorize Jersey Village Animal Hospital to perform such treatment as deemed necessary. I assume financial responsibility for all charges incurred to patient.

Owner/Agent Signature: _____ **Date:** _____

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DENTAL X-RAYS

Dental x-rays are pictures of the teeth, bones, and surrounding soft tissue in the mouth to screen for and help identify problems in the mouth. Dental x-rays can show dental abscesses, cancerous or benign masses, retained roots, and bone loss that cannot be seen during a visual examination. Dental X-rays may also be done as follow-up after dental treatments like extractions. You can expect to be charged \$54.50 in additional fees for dental x-rays. Please select one of the following options so we will know how to proceed.

Yes, perform any necessary dental x-rays at the doctor's discretion – \$54.50

No, do not perform any dental x-rays

Please call before performing any dental x-rays

TOOTH EXTRACTIONS

While performing a dental cleaning, we sometimes discover teeth that have exposed roots due to chronic gingivitis or inflammation of the gums. When this occurs, your pet's tooth or teeth may need to be removed. This removal is very easy and can be performed at the time of the cleaning. You can expect to be charged up to \$99.50 in additional fees for tooth extractions. This includes extraction of all necessary teeth as well as a pain injection. Please select one of the following options so we will know how to proceed.

Yes, perform any necessary extractions and give a pain injection – up to \$99.50

No, do not remove any teeth

Please call before removing any teeth

Owner/Agent Signature: _____ Date: _____