

Authorization Form ~ **Dental**

Client:
Patient:

The animal above is here for the following:

Other: _____

Dental Cleaning

Histopath: Accept Decline

I hereby Accept pre-anesthetic lab testing **Under 8 years-Optional**
 Decline pre-anesthetic lab testing **Over 8 years-Required**

I hereby Accept IV Catheter/fluids **Under 8 years-Optional**
 Decline IV Catheter/fluids **Over 8 years-Required**

I hereby Accept application of Oravet
 Decline application of Oravet

I am the owner/agent for the owner of the above animal and have the authority to execute the consent. I hereby authorize the performance of the above-described procedure the veterinarian has recommended. In addition, I authorize the use of appropriate anesthetics and other medications and understand that hospital personnel will be employed as deemed necessary by the veterinarian. Finally, I agree to pay all charges incurred when the animal is released from the hospital.

If further problems are detected while your pet is under anesthesia, how would you like us to proceed?
(please choose one of the following three choices)

- 1) Perform whatever procedures are needed
- 2) Do only what I authorized (*I understand my pet may have to undergo another anesthetic episode to complete the dental.*)
- 3) Please call me at the contact number below. If I am unavailable when you call, please either

Perform whatever procedures are needed OR Do only what I have authorized

Please be aware if we are unable to reach you, we will proceed with what is determined to be in the best interest of your pet, this may alter the estimate.

Estimate (may range from \$50-100.00 +/-): _____ Contact Number(s): _____

Signature of Owner/Agent: _____

Print Name: _____

Date: ____/____/____