

Dentistry Authorization Form

Client:
Patient:

The animal above is here for the following:

General Anesthesia and Dental Cleaning/Polishing

Other:

(for growth/mass removals) **Histopathology** Accept Decline

Pre-Anesthetic History (to be filled out the day of the procedure)

My pet last ate: < 12 hours ago > 12 hours ago

My pet is currently on the following medications: None Yes, List

Last given:

Pre-Anesthetic Blood Panel

Decline pre-anesthetic blood panel

I hereby Accept pre-anesthetic blood panel

Testing was done previously on:

Professional In-Clinic Application of Oravet and Home Kit

I hereby Accept professional in-clinic application of Oravet and home kit

Decline professional in-clinic application of Oravet and home kit

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 have authorized. *(I understand another anesthetic procedure may be needed to complete the dental.)*

3) Please call me at the contact number below. If I am unavailable when you call, please (choose one):

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

Please be aware if we are unable to reach you, and you opted for us to proceed in the best interest of your pet, this may alter the estimate.

Contact Number(s):

Home Phone: (920) 751-8522

Cell Phone: (920) 209-0029

Work Phone: (920) 968-3322 ext:

Other:

Signature of Owner/Agent:

Date: 01/25/2024

Print Name:

Check-in

Discharge Time Scheduled: