

Animal Medical Center
Dental Consent Form

Owners Name: _____ **Pet Name:** _____

Contact Number: _____ Alternative Contact: _____

Food/Medication:

Last time fed: _____ am/pm Last time medicated: _____ am/pm

Name of medication(s): _____

Any known allergies to medication(s): _____

Procedure:

Mark below any procedure you pet will have done today. If you pet is having a tumor removal notate location.

☒ Dental Cleaning ☐ Spay/ Neuter ☐ Specialty Procedure ☐ Lump Removal:

Location: _____

All items listed below are in **ADDITION** to the base price for dental procedure:

1) Pre-Operative Blood Screening: (\$160)

This screening helps us identify potential problems while the patient is undergoing the dental procedure. The more current the screening, the safer the patient is under anesthesia

☐ Standard Panel ☐ I decline the screening ☐ Dr.'s Choice

2) Sevoflurane: (\$102 additional)

This is a shorter acting anesthetic which enables us to stabilize the patient faster after the procedure

☐ Use Sevoflurane ☐ Do not use Sevoflurane ☐ Dr.'s Choice

4) Tooth Extractions:(\$29.50 regular tooth extraction, \$ 80 major surgical extraction)

Teeth that need to be removed can lead to serious and costly medical problems. The best time for extractions is when the patient is already anesthetized

☐ Extract any and all needed extractions ☐ Do not perform extractions ☐ Call First:
Phone: _____

6) Additional Services:

☐ Vaccines ☐ AVID Microchip(\$49.50) ☐ Ear Cleaning(\$45)
☐ Nail Trim(\$26) ☐ Anal Glands (\$25) ☐ Other: _____

For all procedures, please read and sign below:

I, the undersigned, do hereby certify that I am the owner or authorized agent for the owner of the animal named above. I do hereby give AMC, their agents, employees and representatives full and complete authority to perform the medical/surgical procedure and associated anesthesia for the procedure(s) stated above.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances.

Signature of owner/responsible agent (must be over 18)

Date