

Muddy Creek Animal Hospital Dental Consent Form

Name:	Name of Animal:
Address:	Species:
	Breed:
Client I.D.:	Sex:

Vaccines

Canine	Consent	Feline	Consent
DHPP		FVRCCP	
LEPTO		RABIES	
RABIES		FELV/FIV Test	
Heartworm Test		Fel Leuk Vac	
FECAL		FECAL	
Bordetella			
Lyme			

Weight: _____

I am the owner or agent for the owner of the above described animal, and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

Admit For: _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s) or operation(s) or different procedure(s) or operation(s) than those set forth above. Therefore, I hereby consent to and authorize the performance of such procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgement.

I also authorize the use of appropriate anesthetics, and other medications, and understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure or operation and the risks involved. I realize that results cannot be guaranteed.

_____ I grant permission to extract diseased teeth.

_____ Please attempt to reach me before performing any tooth extraction. I understand that if I am unavailable by telephone no teeth will be extracted and that an additional procedure and expense may be necessary at a future time.

Pre-Anesthetic Blood Testing

(Bloodwork is mandatory for all patients over 6 years of age)

_____ **YES,** I want my pet to have a pre-anesthetic blood screen.

_____ **NO,** I do not want my pet to have pre-anesthetic blood screen.

PAIN MEDICATION

Pain medication will administered to all surgical patients while in hospital. Additional pain medication will be dispensed at the discretion of the Doctor.

I have read and understand this authorization and consent

Date: _____ **Signature:** _____ **Witness:** _____

Name and Phone number you can be reached: _____
(Please Print)