Hawks Prairie Veterinary Hospital
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Lacey, WA, 98516
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TODAY'S DATE: _____

Veterinary Anesthetic Dentistry Consent Form

Please note there are four pages for you to complete, as there are consent signatures and initials needed on the final page.

Client Information

Name (First, Last): _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email: _____

Patient Information

Pet's Name: _____ Weight: _____LBS

Surgery/Procedure Information

Date of Surgery: _____

Surgery/Procedure Type: **_____**

When did your pet last eat? Date: _____ Time: _____

Best Phone Number to Contact

Contact person: _____

First Phone Number: _____

Second Phone Number: _____

What medications is your pet taking?

Date/Time	Medication Name	Quantity	Instructions

Did your pet take prescribed Comfort Pack? Please note the amount given and the last time it was given:

Trazodone: _____ _____ am/pm

Gabapentin: _____ _____ am/pm

Maropitant (Cerenia): _____ _____ am/pm

Please Choose One Of The Two Following Options

1) I approve all medically recommended dental extractions and accept financial responsibility for associated costs. **_____ (initials)**

   OR

2) I would like to be contacted before any dental extractions are performed. **_____ (initials)**

I understand that if I cannot be contacted within 30 minutes, that the extractions will not be performed and that a future procedure may have additional associated costs. **_____ (initials)**

In-Hospital Flea Treatment Application (Additional Fees May Apply)

Fleas can transmit diseases with their bites so, for the protection of all our patients, if we find live fleas on your pet we will administer a flea treatment (Capstar®) to kill the fleas. Capstar only kills adult fleas present on your pet and has no lasting effect, so it's recommended to treat your pet with a monthly flea treatment to prevent them in the future. I have read and understand that this will be administered to my pet listed above, and I am responsible for the costs that may be included with administration. **_____ (initials)**

All patients requiring general anesthesia, surgery, or sedation are recommended to have the following, which [are/are not] included in estimated cost above:

☐ **Accept** | ☐ **Decline** Preoperative Blood Work ($160.00-$195.00)

☐ **Accept** | ☐ **Decline** Laser Treatment ($22.50)

☐ **Accept** | ☐ **Decline** Feline Triple-Snap Test **OR** Canine 4Dx ($70.00)

Optional Add-on Procedures:

☐ **Accept** | ☐ **Decline** Courtesy Toe Nail Trim

☐ **Accept** | ☐ **Decline** Toe Nail Trim with Dremel ($15.75)

☐ **Accept** | ☐ **Decline** Express Anal Glands ($38.50)

☐ **Accept** | ☐ **Decline** Microchip Placement ($86.00)

☐ **Accept** | ☐ **Decline** Vaccines ($39.50 per Vaccine)

Complications of this procedure include, but are not limited to: Hypotension, hypothermia, hypoxia, cardiac arrhythmias, compromise to the airway, bleeding, incision failure, infection at the surgical site, adverse drug reactions, bruising, IV catheter failure, leakage at the IV catheter site, aspiration pneumonia, fractured jaw, oral-nasal fistula formation, retained dental roots, extraction surgical site dehiscence. **_____ (initials)**

The nature of the procedure has been explained to me, and I understand what will be done. I have asked and had answered any questions I have related to the procedure, the safety of the procedure or that of any potential complications. I have been informed that there are certain risks and complications associated with any operation or procedure. I have been informed that there will be ancillary care associated with the procedure that may not be specifically listed above, which also carry certain risks. I accept all of these risks. I further understand that during the course of the procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. I understand that there may be additional costs incurred due to complications or unforeseen conditions and I accept complete financial responsibility for these, both at Hawks Prairie Veterinary Hospital or at a third party veterinary facility of my choosing. I understand that there is no guarantee of successful treatment, outcome or cure. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian and that more than one veterinarian may make decisions or perform procedures on my pet during the hospital stay. I understand that Hawks Prairie Veterinary Hospital does not have 24 hour staffing and if it is necessary for my pet to remain hospitalized beyond normal business hours, that some or all of the after hours period will be unsupervised. I understand that, should my pet require 24-hour care, it is the recommendation of Hawks Prairie Veterinary Hospital to transport my pet, once stabilized, to a nearby 24-hour care facility. _____ (initials)

In the instance that my pet's condition requires life-saving emergency medical, including CPR, I authorize Hawks Prairie Veterinary Hospital to administer CPR and supportive care.

☐ Yes ☐ No

*During the first 15 minutes of CPR, costs can reach $300 - $500

I do hereby consent and grant the veterinarians of Hawks Prairie Veterinary Hospital and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the surgeries, procedures and treatments described above and to provide any ancillary care, and to perform any other procedure or treatment that, at the veterinarian's discretion, may be deemed medically necessary for my pet; and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments. I have read and understand this estimate. I agree to pay, in full, for services rendered at the time of service (including those deemed necessary for medical/surgical complications or unforeseen circumstances).

I understand that care may be required following the discharge of my pet. I agree to follow and perform all instructions given to me for this care, as outlined in the discharge instructions which will be provided by Hawks Prairie Veterinary Hospital. I understand that it is my responsibility to contact the veterinarian if I have any questions or concerns regarding my pet's recovery.

Your Name: _____

Your Signature: _____

Today's Date: _____

Employee Initials: _____

Today's Date: _____