

Dental Consent Form

Client Name: _____ Pet's Name: _____

Address: _____

Phone Number: _____

I am the owner or agent for 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):

_____ Dental Cleaning +/- Extractions _____

I understand that during the performance of the foregoing procedure(s) or operation(s), unforeseen conditions may be revealed that necessitated an extension of the foregoing procedure(s) or operation(s) or different procedure(s) than those set forth above. Therefore, I 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 judgment. I also authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian. I have been advised to the nature of the procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. If it is determined at the time of hospitalization that your pet has fleas, a flea control product will be applied at expenses.

_____ Contact Phone: _____
Signature of owner or agent

Current Medications: _____ Time last given: _____

Home Again Microchip Identification System

I would like my pet to be permanently identified with a Home Again Microchip. I understand the microchip is placed under the skin between the shoulder blades and has a unique 10 digit code that is readable by a scanner used by many animal control agencies, shelters, and veterinarians. The cost to insert the microchip and first year enrollment fee is \$75.00.

Initial: Yes _____ No _____

YOUR PET MUST BE CURRENTLY VACCINATED AGAINST RABIES. IF NOT CURRENT, A RABIES VACCINE WILL BE ADMINISTERED AT OWNER'S EXPENSE.

Current _____ Not Current _____ Verified by: _____