**DENTAL ANESTHESIA / TREATMENT RELEASE**

**Roan Mountain Animal Hospital**

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Owner's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, the undersigned, do hereby certify that I am the owner or duly authorized agent for the owner of the above described animal and have the authority to execute this consent.

Sometimes during routine dental cleanings we find teeth that are loose or have very painful cavity-like lesions which will worsen with time and for which there is no known permanent “treatment.” If we find teeth that are so affected, do you prefer that:

\_\_\_\_\_\_The teeth be extracted to save your pet further pain (the cost of extractions will vary depending on the teeth involved.)

\_\_\_\_\_\_No extractions be performed without your consent. (Please realize that if we are unable to reach you at the listed number while your pet is under anesthesia, you will then have to schedule another surgery appointment for another day to have extractions or other treatments performed.)

If antibiotics are needed, do you prefer\_\_\_\_\_ liquid or\_\_\_\_\_ tablet/capsule.

I authorize the performance of professionally accepted general anesthetic procedures necessary by the veterinarian. I have been advised as to the nature of procedures and the risks involved in performing general anesthesia to the above animal. I realize that results cannot be guaranteed.

I also 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 judgment.

I understand that my animal is being treated by a general practice veterinarian and not by a specialist in any field of veterinary medicine or surgery.

I understand that full payment is required for all medical and surgical cases. I will be responsible for all fees associated with this patient. I understand that all fees are to be paid upon discharge of this patient.

I have read and understand this authorization and consent. I also understand my pet may need to stay overnight if, in our opinion, it has not recovered enough to send home safely by closing time.

**If unavailable at any time at the provided numbers, I give full consent for the doctors and staff of the Roan Mountain Animal Hospital to make all decisions on <animal>’s continued care, and am responsible for all charges and fees for these treatments and medications. Initials:\_\_\_\_\_\_**

Phone Number where I CAN BE REACHED DURING THE DAY-> \_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_.

Another emergency # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Another emergency # \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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While under anesthesia is the perfect opportunity to have your pet microchipped. Would you like to have your pet microchipped today?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_