

# Blackhorse Animal Hospital

## Feline Dental Consent Form



**Owner:** \_\_\_\_\_ **Client** \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

When any dental procedure is being performed, it is important to know the degree of periodontal disease. This is often best assessed when the pet is under anesthesia. At this time, diseased teeth are often found which could require extractions. Please initial the line below to authorize the extraction of any diseased tooth.

- \_\_\_\_\_ Do whatever is needed to give my pet a healthy mouth.
- \_\_\_\_\_ Call me for approval of any procedure or extraction not previously discussed with me or included in my dental estimate. If I cannot be reached, I understand that my pet will be awakened and a second anesthesia and dental may need to be scheduled.
- \_\_\_\_\_ Do not do any procedures beyond what has already been estimated and approved by me.

**Note: If your pet has any extractions we will send home pain medication at an additional charge.**

Our greatest concern is the well being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia carries some risk, even though it may be small. Blackhorse Animal Hospital's doctors and staff utilize safe anesthetic protocols for all of our patients. Some patients, due to age, or pre-existing conditions will already have received an estimate that includes blood work, IV fluids, or take home pain medication. All patients will receive minimum blood work; however, **the blood work option below provides a more thorough screening for an additional cost.**

General Health Screen: .....	\$45.00	Accept or Decline
IV Fluids.....	\$50.00	Accept or Decline

(Maintains blood pressure; reduces post-operative renal failure, and provides immediate access to heart, should an emergency occurs. Note: your pet's hair will be clipped for catheter placement. )

If your pet is examined and is found to have retained baby teeth would you like to have them extracted? **(There is an additional charge of \$10.00 per tooth to extract baby teeth)**

Accept or Decline

**While your pet is in the clinic, would you like the following additional services performed?**

Toe Nail Trim.....	\$5.00 (Reg. \$10.00)	Accept or Decline
Ear Cleaning .....	\$5.00 (Reg. \$10.00)	Accept or Decline
Anal Glands.....	\$5.00 (Reg. \$10.00)	Accept or Decline
Microchip .....	\$40.00 (Reg. \$45.00)	Accept or Decline
Fecal Analysis .....	\$15.00	Accept or Decline
FELV/FIV Test.....	\$38.00	Accept or Decline

Would you like to learn about a potential fatal disease that is entirely preventable? Yes or No

Does your pet need any heartworm prevention or flea prevention to go home? If so, which brand of medication would you like us to send home with your pet? \_\_\_\_\_ 12 mo. or 6mo.

Are there any concerns or questions regarding your pet that you would like to discuss with the doctor?

\_\_\_\_\_

**Does your pet have any sensitivities or allergies to any medications (oral, injectable or topical)? If yes, which ones, \_\_\_\_\_**

**All new patients are required to have physical exam, at an additional cost of \$49.00. \_\_\_\_\_ Int.**

**All patients left in our care for any reason must be current on Rabies, FVRCP. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations. According to our records your pet will be due for; Rabies, FVRCP, FELV**

**I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please circle the following phone numbers you would like to be reached at**

**Work: \_\_\_\_\_**

**Cell: \_\_\_\_\_**

**Home: \_\_\_\_\_**

**Other: \_\_\_\_\_**

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