



Colony ANIMAL HOSPITAL

13187 Warwick Blvd.
Newport News, Virginia 23606
(757) 877-6464

Dental Anesthetic Consent Form

Client: _____ Patient: _____
Address: _____ Species: _____
Telephone: _____ Sex: _____

Telephone number where you can be reached today _____
Are you currently using a flea preventative on your pet?
Yes ___ No ___ Which product _____ Date of last application _____

As with any procedure requiring anesthesia, certain risks may result in serious complications or even death. To minimize such risks, we require basic blood screens and intravenous fluid support for all patients undergoing anesthesia for any surgical or dental procedure. These two items, along with added pain medication are included in the cost of the dental procedure.

Items not included in the dental price are the following:

- Oral Surgery (tooth extractions)
- Antibiotics to go home
- Pain medication to go home

These items are not included in the base price because each individual animal has different needs that cannot be fully assessed until the time of anesthesia and thorough oral examination.

I approve any extractions deemed necessary by the veterinarian Initial: _____

Please read carefully: I, the undersigned, hereby confirm that I am the legal owner/agent of the animal described above and am authorizing the dental procedure listed above to be performed on my pet. I consent to the administration of such analgesics, sedatives, tranquilizers, anesthetics, or other medications as may be deemed necessary by the attending veterinarian. I acknowledge that no assurance or guarantee has been made as to the results of treatments, procedures or surgery. I am aware that every surgical procedure, treatment and anesthesia, even performed on a healthy animal, carries a certain amount of risk and possibility of complications. I understand that the staff of Colony Animal Hospital will make every attempt to safely and proficiently care for my pet. I am fully prepared to accept the risk to my pet from the procedure that I am directing the doctors of Colony Animal Hospital to perform. Colony Animal Hospital and/or its staff will not be held responsible for any conditions or circumstances not now know or anticipated. If the veterinarian determines that additional treatments, procedures or surgery must be performed on my pet, I understand that every reasonable effort will be made to contact me. Until I can be contacted, I hereby authorize the staff of Colony Animal Hospital to perform any reasonable treatment, procedure and/or care for my pet deemed necessary by the attending veterinarian. I acknowledge that I will bear the full financial responsibility for any and all costs incurred for the treatment and care of my pet and I am aware that the outstanding accounts are payable in full at the time services are rendered.

I have read and understand the statement above _____
Signature Date

FOR STAFF ONLY:

Check In Time: _____ Initials: _____
Fasted: Yes No
Extractions Approved: Yes No
Notes: _____

Weight: _____ Initials: _____
Carrier: No Yes Description: _____
Leash: No Yes Description: _____