

**CHARLOTTE ANIMAL HOSPITAL**  
**"CONSENT TO PERFORM DENTISTRY"**

OWNER'S NAME: \_\_\_\_\_ PET'S NAME: \_\_\_\_\_ SPECIES: Feline / Canine

TELEPHONE: \_\_\_\_\_ WOULD YOU LIKE UPDATE BY TEXT? CELL #: \_\_\_\_\_

(Where we can reach you today)

**DO YOU WANT YOUR PET MICROCHIPPED? (Please Circle One)?**    **YES**    or    **NO**

**PART A**

**Anesthetic Protocols and Risks**

Pre-anesthetic protocols include a physical examination, pre-anesthetic blood screening (the minimum required for all pets undergoing anesthesia) and a heartworm test (if not current within 1 year). There will be charges for these services. All forms of anesthesia involve some risks. Although rare, unexpected severe complications with anesthesia can occur and include the remote possibility of infection or death. *(Owner to initial below)*

\_\_\_\_\_ I have read and fully understand there are risks that can occur with anesthesia.

**Procedure(s):**

A comprehensive dental exam cannot be performed on an animal that is awake, but will be performed once the animal has been anesthetized. It is possible that while under anesthesia, additional problems may be discovered during this examination that may need to be addressed.

\*In the event that additional problems are discovered during the comprehensive dental exam such as, dental extractions, minor dental surgery or dental x-rays, I authorize the following:

***(Owner initial ONE choice below)***

\_\_\_\_\_ I authorize the attending veterinarian to ***proceed*** with any extractions, x-rays, or procedures deemed necessary while my pet is under anesthesia.

\_\_\_\_\_ I would like to be contacted if any additional procedures are needed, but ***proceed if I am not available***.

\_\_\_\_\_ I would like to be contacted if any additional procedures are needed, but ***do not proceed if I am not available***. I understand that this may require my pet to undergo an additional procedure under anesthesia at a different time.

If there is an additional procedure to be performed please specify: \_\_\_\_\_

***(Owner to initial below)***

***(Additional Procedure)***

\_\_\_\_\_ I authorize the attending veterinarian to perform the additional procedure listed above.

By signing this consent, I fully understand and hereby consent to the procedure(s) listed above. I have read this consent in its entirety and fully understand the nature and purpose of the procedure(s), the possible risks that can occur, and the possibility of complications. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained. I am the owner of the above described animal, I am at least 18 years of age or older, and have the authority to execute this consent.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PART B on back *(suggested and/or additional services)***

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**PART B**

Please indicate below (with initials) if you would like any of the following suggested and/or additional services performed:

**Suggested Services (There will be charges for these services):**

\_\_\_\_\_ **Comprehensive Blood Panel:** Recommended for pets 7 years or older or have any pre-existing health problems. It's a more comprehensive screening than the pre-anesthetic blood screen.

\_\_\_\_\_ **Complete Blood Count:** Measures the types and quantities of blood cells and also reveals any signs of infection, dehydration, anemia, etc.

\_\_\_\_\_ **Electrocardiogram (EKG):** Recommended for pets 7 years or older or have any pre-existing health problems. It can reveal potential problems with heart function.

\_\_\_\_\_ **Surgical Fluids:** Fluid therapy helps protect your pet's kidneys and heart, and shortens recovery time after anesthesia.

\_\_\_\_\_ **Urinalysis:** It detects urinary tract infection, kidney function, diabetes, and dehydration.

**Additional Services (There will be charges for these services):**

  X   **Please note:** All anesthetic procedures will include a complimentary nail trim at no additional charge.

\_\_\_\_\_ **Flush Ears**

\_\_\_\_\_ **Pluck Ears**

\_\_\_\_\_ **Express Anal Glands**

\_\_\_\_\_ I authorize the attending veterinarian to perform the suggested and/or additional services listed above.