

Date of Surgery

Dental Cleaning/Extractions Consent Form

Owner's First Name

Owner's Last Name

Emergency Phone (in case of complications)

Cell Phone

Owner's Street Address

City

State

ZIP

Dog Cat

Male Female

How did you hear about the clinic?

Pet's Name

Pet's Breed

Pet's Color(s)

Pet's Age (Years, Months)

Contact Email

It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read, & ensure you understand, the following before signing your name:

- ♦ I, acting as owner or agent of the pet named above, hereby request and authorize ASI/SSC veterinarians to perform an operation for a dental cleaning/extraction procedure on the animal named on the above portion of this form.
- ♦ It is **EXTREMELY** important that we be able to contact you! The veterinarian cannot tell upon the general exam of an animal if teeth need to be extracted. This can only be determined once the animal is under anesthesia. If teeth need to be extracted, we will contact you at the emergency number listed above. We would discuss the teeth that need to be removed and what the additional charges would be. If we cannot reach you, we will NOT remove the teeth.
- ♦ **I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.**
- ♦ I understand the inherent risks of failing to maintain current vaccinations (Dhpp/Fvrvc/Rabies) and waive all claims arising out of, or connected with, the performance or outcome of this operation due to such failure. I understand that if my pet develops kennel cough/parvo after surgery, I am responsible for treatment at my own cost.
- ♦ Per state law I must present a valid rabies vaccination certificate (tags are not proof) or give permission to the clinic to vaccinate my pet for an additional \$15.00.
- ♦ I certify that my animal is in good health and has had no food since midnight the evening prior to surgery.
- ♦ I understand that if my animal is found to have live fleas, it will be treated with Capstar and be charged an additional \$5.00.
- ♦ I understand that ASI/SSC has the right to refuse service to any animal deemed too high of a surgical risk or is too aggressive for our staff to safely handle.
- ♦ I understand that my animal will not receive pre-operative blood work. If I choose for my pet to have blood work, I understand that it must be performed at a full service animal hospital.
- ♦ I understand that some factors increase surgical risk, including, but not limited to, diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), heartworms, and previous or unknown exposure to distemper or parvo/panleuk viruses.
- ♦ I understand that my pet will receive a small meal after surgery to prevent hypoglycemia (low blood sugar), and that I have informed the clinic staff of any known food allergies.
- ♦ This price does not include any extractions if needed, which prices range from \$5-10 for simple extractions (loose teeth), \$10-15 for moderate extraction use of dental elevator), and complex extractions (use of a drill) are \$20-25.
- ♦ If your pet requires moderate or complex extractions, antibiotics and pain medication are necessary for the well being of your animal and must be purchased in addition to the above. Pain medication would be an additional \$15.00 and antibiotics are an additional \$20.00.
- ♦ I understand that if I do not retrieve my pet(s) at the agreed-upon time, there will be a boarding fee of \$20 for each night. If for some reason we do not receive an email/phone message within 24 hours of the agreed upon pick up time, ASI/SSC will consider the animal abandoned, the Sterling Animal Control officer notified, and the animal will be considered the property of ASI/SSC in accordance with the state law.
- ♦ I hereby release ASI/SSC, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold ASI/SSC harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- ♦ I understand that all services are paid for at the time of pick up, and we accept Visa/Mastercard/Discover cards, debit cards, and cash. The clinic DOES NOT accept checks or American Express. Payments with a credit/debit cards incur a 3% fee.

I HAVE READ & UNDERSTOOD THE CONDITIONS LISTED ABOVE

I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE

DATE