

Kewaskum Veterinary Clinic
1040 FOND DU LAC AVENUE
KEWASKUM, WI 53040-9583
Dental Consent Form for:

Client Name _____

Species: _____

Breed: _____

Sex: _____

Address: _____

Color: _____

Telephone: _____

Markings: _____

Birthdate: _____

_____ Will be undergoing several anesthesia with their surgical procedure today. In order to recognize any underlying abnormalities _____ will have a pre-surgical blood profile run, which consists of a CBC [blood cells] and a chemistry, which checks blood glucose, kidney and liver function. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. State-of-the art monitoring is provided on all patients undergoing anesthesia. There will be continuous monitoring of heart rate and rhythm, ECG, blood oxygen saturation, carbon dioxide saturation and blood pressure. This protocol adds an important layer of safety to the anesthetic given to _____, for the comfort of _____, we also provide pain management both before and after surgery.

Procedure: Professional Dental Cleaning

DID YOU RECEIVE AN ESTIMATE? YES NO

Ear Cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(\$20-\$50)
Microchip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(\$43.90)
Anal Gland Expression	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(\$26.00)
4DX (Heartworm) Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(\$51.00)
Prevention [HW / FT]?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(price varies)
Check Lump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Remove Lump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Growth Location:
Histopath	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dr. Discretion
Other Questions/Concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Medications? Yes No ---Name and when were they last given

Belongings Brought? Yes No ---Describe:

Facebook photos approved? Yes No ---

DID YOU RECEIVE AN ESTIMATE YES NO

Each tooth will be carefully evaluated to determine the best treatment plan for _____

We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs. If permission is not granted at the time of drop off, please note that _____ will remain under anesthesia during time of our staff is attempting to contact you. If we are unable to obtain verbal permission at the time of the phone call, the Dr. will provide _____ with what he believes is the best care and treatment for your pet.

I GIVE PERMISSION I DO **NOT** GIVE PERMISSION AND REQUIRE A PHONE CALL PRIOR

Pet Owner Release: The Kewaskum Veterinary Clinic Staff members will use all reasonable precautions against the injury, escape, or death of my pet. I understand that sedation and anesthesia involves minimal risk to my pet, but I will not hold the Kewaskum Veterinary Clinic, Inc. liable in any manner whatsoever or under any circumstances in connection with this procedure. While I accept that all procedures will be performed to the best of the abilities of the staff at the Kewaskum Veterinary Clinic, Inc., I understand that no guarantee or warranty has been made regarding the result that may be achieved. I agree to assume financial responsibility and provide payment via cash, credit card or check. I have read fully and understand the terms and conditions set forth above.

Emergency Number:

Would you prefer a call or text for updates?

CALL TEXT

Email Address: _____

[Witness initials]

Signature of owner or authorized agent _____

Date: _____