

# **Animal Medical Hospital At Glenwood**

## **Dental / General Surgery Consent Form**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client's Name: <last-name>

Pet's Name: <animal>

**Purpose Of Hospital Stay:** Dental ( ) Other ( ) \_\_\_\_\_

**General Anesthesia** - Your pet is scheduled for the above procedure which involves general anesthesia. Although the doctors at Animal Medical Hospital at Glenwood utilize very safe anesthetic protocols and monitoring devices, there are inherent risks involved with any patient undergoing anesthesia. An IV catheter will be placed prior to the procedure which will help to facilitate quick administration of emergency medications, if needed.

**Pre Surgical Blood Testing** - Many surgeries **require** pre-surgical blood testing before general anesthesia. In the event that pre-surgical blood testing is optional please indicate below what your preference is for your pet:

- ( ) Perform a pre-surgical blood screen CBC/Chem10 (recommended if less than 7 years old) \$84.70.
- ( ) Perform a comprehensive pre-surgical blood screen CBC/Chem17 & Electrolytes (**Required** on pets over 7 years if not done in the last six weeks) \$162.80.

**Patients Undergoing Dental Procedures** -. Many times, the teeth and gums need additional treatment which may include extractions, and implanting antibiotics to help with the reattachment of the gums. Cost estimates are available prior to consent.

- ( ) Please perform additional procedures as needed, with additional cost not to exceed \$ \_\_\_\_\_. If needed procedures exceed this amount, please contact me first.
- ( ) Please **do not perform** any additional procedures without contacting me first

**Microchip** - The cost of a microchip is 76.50 and includes your lifetime registration into the data base (done by our office).

- ( ) Yes, please Microchip my pet
- ( ) No, please do not Microchip my pet

**Morning Feeding** Has your pet been fed this morning ( ) Yes ( ) No

**Medications:** Has your pet received any medications this morning: ( ) Yes ( ) No

**Authorization for Surgery** - I hereby authorize the use of such anesthetics you deem advisable for the performance of the above indicated procedures. I understand that the veterinarian does not occupy the building 24 hours a day, but does observe and care for the animals around the clock as needed. I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to above. I also understand that financial payments for said services are due when rendered.

Clients Signature: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Media Authorization:** I grant AMH at Glenwood, Inc. permission to capture my pet(s) image and likeness in photographs, video recordings, or any other media format. I grant them permission to copyright, display, publish, distribute, use, modify, print and reprint such images in business materials such as advertisements, brochures, web site images, or other social media.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_