



1110 Route 17M · Monroe, New York 10950 · 845-783-2333

Consent Form for Dental

Date of Service: _____

Prepared by: _____

Owner: _____

Case No: _____

Street: _____

City: _____

Phone: _____

E-Mail Address: _____

Patient: _____

Breed: _____

Color: _____

Sex: _____

Age: _____

The following services will be provided for your pet during this visit:

Implant Microchip Today **My pet already has a microchip** **Declining Microchip**
(additional fee \$126)

As the owner (or authorized agent for the owner) of <animal>, I do hereby consent and grant the veterinarians of <company> and all of their employees, agents, servants, and/or representatives (collectively, the "Hospital") full and complete authority to perform the procedures and treatments described above and to perform any other procedure or treatment that, at the attending veterinarian's discretion, may be deemed medically necessary for <animal>, and I do hereby forever release and discharge the Hospital from any and all liability arising from such procedures and treatments.

Factors that limit our ability to detect every dental problem your pet may have include the following:

1. Lack of patient cooperation to allow proper visualization, especially of the back teeth.
2. Many periodontal problems can be detected only by probing under the gums with an instrument.
3. Dental tartar can hide underlying cavities or fractures.
4. Some problems can only be detected with x-rays.

**If further problems are detected while your pet is under anesthesia how would you like us to handle them?
PLEASE CHOOSE ONE OF THE FOLLOWING:**

- Perform whatever procedures are necessary.
- Please call me. I will be available at the following number:

If I cannot be reached:

- Perform whatever is needed.
- Do only what I have authorized.

Do only what I have authorized. I understand my pet will have to undergo another anesthetic episode to complete the dental treatment recommended.

I accept and agree to the terms above:

Print name:
Signature: _____
Date: _____

Contact me today at:

Anesthetic procedures only:

Pre-anesthetic bloodwork will be performed in advance of all anesthetic procedures to determine certain pre-existing conditions, including disorders of the kidneys, liver, heart, blood, etc., which may inhibit a successful anesthetic procedure and/or cause grave danger for your pet. I agree that the Hospital shall not be held liable in any manner for complications, injury, or death that may result from any anesthetic complications.