

Blackhorse Animal Hospital

Feline Dental Consent Form



Owner: _____ Client _____

Patient: _____ Age: _____ Breed: _____ Sex: _____

When any dental procedure is being performed, it is important to know the degree of periodontal disease. This is often best assessed when the pet is under anesthesia. At this time, diseased teeth are often found which could require extractions. Please initial the line below to authorize the extraction of any diseased tooth.

_____ Do whatever is needed to give <animal> a healthy mouth.

_____ Call me for approval of any procedure or extraction not previously discussed with me or included in my dental estimate. If I cannot be reached, I understand that my pet will be awakened and a second anesthesia and dental may need to be scheduled.

_____ Do not do any procedures beyond what has already been estimated and approved by me.

Our greatest concern is the well being of your pet. The doctor will perform a physical examination before administering anesthetic agents. Anesthesia carries some risk, even though it may be small. Blackhorse Animal Hospital's doctors and staff utilize safe anesthetic protocols for all of our patients. Some patients, due to age, or pre-existing conditions will already have received an estimate that includes bloodwork, IV fluids, or take home pain medication. All patients will receive minimum bloodwork; **however, we recommend for our geriatric pets with existing conditions the bloodwork option below. This bloodwork provides a more thorough screening but for an additional cost.**

Catalyst Chem 17 Clip: \$45.00

Accept or Decline

(All pets will receive IV fluids to maintain .blood pressure; reduces post-operative renal failure, and provides immediate access to heart, should an emergency occurs. Note: <animal> hair will be clipped for catheter placement.)

While your pet is in the clinic, would you like the following additional services performed?

Toe Nail Trim.....	\$5.00 (Reg. \$10.00)	Accept or Decline
Ear Cleaning	\$5.00 (Reg. \$10.00)	Accept or Decline
Anal Glands.....	\$5.00 (Reg. \$10.00)	Accept or Decline
Microchip	\$45.00 (Reg. \$50.00)	Accept or Decline

Does <animal> need any heartworm prevention or flea prevention to go home?

Are there any concerns or questions regarding <animal> that you would like to discuss with the doctor? _____

Does <animal> have any sensitivities or allergies to any medications (oral, injectable or topical)? _____

All current/ new patients are required to have physical yearly exam, with our Doctor within one year, at an additional cost of 60.00 _____ Int.

All patients left in our care for any reason must be current on Rabies, FVRCP. If proof of vaccination is not available, I give my permission for the staff of Blackhorse Animal Hospital to update my pet's vaccinations. According to our records <animal> will be due for; Rabies, FVRCP, FELV

I have been advised as to the nature of the procedure or surgery described above and the risks involved. I authorize the use of appropriate anesthetics and medications that are needed to perform these procedures or surgeries. I realize that results cannot be guaranteed, I further realize that I am responsible for full payment at time of discharge. I understand that unforeseen conditions may extend the procedures or surgeries and that if this happens, Blackhorse Animal Hospital staff will try to contact me to discuss these conditions. If I cannot be reached, I consent to having Blackhorse Animal Hospital take the steps necessary to help ensure the safe care of my pet.

Signature: _____

Please circle the following phone numbers you would like to be reached at

Work: _____

Cell: _____

Home: _____

Other: _____

13203 Fry Road, Suite 1200
Cypress, Texas 77433
832-220-1380 or Fax 832-2201385