

**Animal Medical Center of Garner, PC**

**Dental Consent Form**

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Phone Number \_\_\_\_\_ where we may contact you today.

Has your pet had a dose of antibiotic this morning? Yes No

Has your pet been on antibiotics for the last 3 days? Yes No

Has your pet eaten within the last 12 hours? Yes No If yes, what food & how much? \_\_\_\_\_

✚ We highly recommend a *pre-anesthetic blood panel* prior to administering any anesthesia to test your pet's ability to metabolize and eliminate the anesthetic. *If your pet is over 7 years of age, blood work is required.*

\_\_\_\_\_ Yes, please perform the recommended blood panel at an additional charge.

\_\_\_\_\_ No, I choose to decline any type of blood screening and I have been informed of the risks involved to my pet's health.

✚ We highly recommend *intravenous (IV) fluid* therapy during the dental procedure.

\_\_\_\_\_ Yes, please administer the IV fluids during the dental procedure at an additional charge.

\_\_\_\_\_ No, I choose to decline the IV fluids & I have been informed of the risks involved.

✚ We highly recommend a prescription of *pain relievers* as a very effective way to limit your pet's discomfort. We care about your pet's comfort and strongly believe that pain management is very important.

\_\_\_\_\_ Yes, I want my pet to have pain medication **after the dental** at an additional charge.

\_\_\_\_\_ Yes, I want my pet to have pain medication **to go home after the dental** at an additional charge.

\_\_\_\_\_ No, I choose to decline any pain medications for my pet.

✚ Sometimes **extraction(s)** may be necessary for the health of your pet.

\_\_\_\_\_ Yes, I authorize extraction(s) for my pet at an additional charge.

\_\_\_\_\_ No, I do not authorize extraction(s) for my pet & I have been informed of the risks involved.

✚ We highly recommend a FELV/FIV/HW test for our **feline** patients prior to anesthesia/surgery

\_\_\_\_\_ Yes, please perform the recommended blood test at an additional charge.

\_\_\_\_\_ No, I choose to decline this blood test and I have been informed of the risks involved to my cat's health.

I hereby consent and authorize the above stated procedure(s) to be performed. I understand that during the said procedure(s) unforeseen conditions may arise. I have been advised as to the nature of the procedure(s) and risks involved. I understand that complications including, but not limited to infection, cardiac arrest and death could result. I acknowledge that no guarantee has been made as to a result or cure. I agree to pay my balance in full upon discharge of my pet. I understand that the law requires the rabies vaccine to be current for my pet. **I authorize AMC of Garner to vaccinate my pet during his/her stay at an additional cost if I cannot provide proof of a rabies vaccine.**

**I have read and understand this authorization consent form.**

\_\_\_\_\_  
Signature of owner/authorized agent

\_\_\_\_\_  
Date