



## Dental and General Anesthesia Consent

Date \_\_\_\_\_ Owner \_\_\_\_\_ Pet's Name \_\_\_\_\_

Procedure to be done today \_\_\_\_\_

Phone number(s) where you can be reached today \_\_\_\_\_

Last possible time your pet may have eaten \_\_\_\_\_

Current medication (including allergy medication, heartworm prevention, flea/tick prevention, etc)

---

*For your pet's protection, we require that all animals be current on their vaccinations before hospitalization.*

---

Does your pet have any of the following problems? (Please check all that apply): Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_  
Coughing \_\_\_\_\_ Sneezing \_\_\_\_\_ Seizures \_\_\_\_\_ Change in appetite \_\_\_\_\_ Change in water consumption \_\_\_\_\_  
Other \_\_\_\_\_

---

➤ I authorize any required tooth extractions \_\_\_\_\_

---

A **microchip**, the size of a grain of rice, is a form of permanent identification implanted under your pet's skin. 1 in 3 pets goes missing during its lifetime. Without proper identification many never return home.

○ **AKC Reunite Microchip** (with lifetime registration) \$ 49 Yes \_\_\_ No \_\_\_

---

- As the owner or agent of the pet listed above, I authorize the veterinarians of Best Friends Animal Clinic to perform the above described procedure. \_\_\_\_\_ <<
- I consent to the administration of anesthetic agents, sedatives, other medications and supportive care before, during and after my pet's procedure, as deemed necessary by the veterinarian. \_\_\_\_\_ <<
- While Best Friends Animal Clinic provides the highest standard of anesthesia monitoring and surgical services, I understand that some risks always exist with anesthesia and/or surgery. I acknowledge these risks and that the veterinarians and hospital staff will try to minimize such risks. I will not hold Best Friends Animal Clinic, the veterinarians or staff members liable for any complications that may arise. \_\_\_\_\_ <<
- In the event of an emergency, I authorize Best Friends Animal Clinic to perform any additional diagnostics, treatment or surgical procedure(s) deemed necessary for my pet. \_\_\_\_\_ <<
- I assume financial responsibility for any and all charges incurred and agree to pay all such charges, In full, at the time of release of my pet. \_\_\_\_\_ <<

Signature \_\_\_\_\_ Date \_\_\_\_\_