

# Westmoreland & Slappey Animal Hospital, LLC

## Dental Consent Form

### Please read what you are signing

- Your pet is scheduled for a procedure that requires the use of an anesthetic. There is an inherent risk with any anesthetic episode. In order to minimize the risk to your pet we recommend that all patients that are being admitted for anesthetic procedure have a pre-anesthetic blood screening. These tests will help detect the presence of conditions such as dehydration, anemia, infection, diabetes, and/or kidney, liver disease, or electrolyte imbalances which complicate an anesthetic procedure. We will be glad to run these tests prior to surgery.

**I would like the pre-anesthetic blood work prior to surgery.**

**The additional fee is \$129.25**

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

- Sometimes it is necessary to extract teeth during a dental procedure**

**If deemed necessary by the doctor I agree to any extractions. Additional fees will apply**

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

- I would like my pet to have a post-op pain injection after dental. Post-op pain injection mandatory if any extractions are performed. Cost is \$34.25**

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

- We recommend all patients be microchipped. The cost is \$51.25. There is no additional charge to register your pet.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

### Patient Information

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Procedure \_\_\_\_\_

Home Number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

My pet last ate (Date & Time) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_