

# Dental Consent Form



Hill Country  
Veterinary Hospital

Pet Name: \_\_\_\_\_

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

Procedure(s) being done today: \_\_\_\_\_

Contact number for today: \_\_\_\_\_

Preferred method of contact: (circle one) call / text

My pet last ate at \_\_\_\_\_ am / pm on \_\_\_\_\_ (date)

Last time my pet went to the bathroom \_\_\_\_\_ Urine / BM / Both

## Anesthetic Procedures:

At Hill Country Veterinary Hospital every anesthetic procedure will include pre-operative bloodwork, peri-operative fluids, IV catheter and state-of-the-art anesthetic monitoring to ensure the utmost safety of your pet during all surgical procedures.

I hereby authorize anesthesia/surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery and that rare complications may arise, including anesthetic death. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Hill Country Veterinary Hospital, the veterinarians, or any staff member liable for any complications that may arise.

I have read and understand the above statement. \_\_\_\_\_ (please initial)

## SHOULD FOR ANY REASON MY PET NEED ADDITIONAL CARE DUE TO AN UNKNOWN ILLNESS OR EMERGENCY:

\_\_\_\_\_ Do what is necessary, including CPR and administering medications.

\_\_\_\_\_ I DO NOT want CPR performed on my pet.

## Dental Extractions:

Depending on the degree of dental disease present, extractions may be necessary during your pet's dental prophylaxis. These extractions range in prices from \$15.00 for a simple extraction to \$120.00 for a surgical extraction.

I give Hill Country Veterinary Hospital permission to extract necessary teeth. \_\_\_\_\_ (please initial)

I give Hill Country Veterinary Hospital permission to give pain medication. yes / no

If a mass is suspected to be a concern, it can be sent out for histopathology: \$223.00+ yes / no

I would like my pet to receive a microchip. Cost of implantation & microchip: \$60.00 yes / no

I would like Hill Country Veterinary Hospital to address these other concerns today:

\_\_\_\_\_  
\_\_\_\_\_

Full payment is expected at time service is rendered.

Signature \_\_\_\_\_

Date: \_\_\_\_\_