

Village Veterinary Hospital

236 36th Street

Bellingham, WA 98225

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CONSENT FOR ANESTHESIA AND DENTAL PROCEDURES

I, the undersigned, being the owner of authorized agent of the owner, give permission for the following procedures to be performed upon the animal described below.

- 1. _____
- 2. _____
- 3. _____

A complete dental cleaning is done under anesthesia and includes scaling and polishing and fluoride treatment of all teeth. The scaling removes the buildup of tartar and plaque. Polishing the tooth surface decreases the likelihood of tartar and plaque buildup.

I understand that there may be risks involved in anesthesia and dental procedures. I further understand that if the animal's condition changes, the staff of Village Veterinary Hospital will attempt to contact me before any procedures not listed are performed. However, if I cannot be contacted and the animal's condition warrants, I give permission for further treatment and/or tests to be performed as the doctor deems necessary.

I also agree to pay the balance of the invoice associated with the above procedures when my pet is discharged and that payment is due at the time of service.

The following are procedures that the doctor may recommend or even require. Please select the procedures that you authorize and that may be performed at the doctor's discretion.

Minor or major extractions which could range from \$5-\$50 each depending on difficulty of the procedure.

Yes ___ No ___

Oral antibiotics for excessive tartar and/or dental disease could range from \$18-\$41 depending on your pet's weight.

Yes ___ No ___

Is your pet currently on any type of medication (this includes aspirin within the last two weeks)?

YES _____ NO _____

Describe:

I authorize my pet to be given pain medication if necessary at an **additional** cost of **\$21.00** per injection:

Yes ___ No ___

I would like to have **Pre-Anesthetic Blood-work** performed on my pet prior to the dental procedure for an **additional** cost of **\$63.00** Yes ___ No ___ I prefer to have the doctor decide ___

I would like to have my pet implanted with the "Home Again" nationwide permanent identification microchip for an **additional** cost of **\$37.00** Yes ___ No ___ (FYI-There is an additional activation fee of \$12.50 to the AKC when registering your pet)

Signature of Owner/Agent _____

Pet's Name _____ Last time Pet ate _____

Phone Number where you may be reached today _____

Date _____