

Dental Procedure Consent Form

Date _____

(PLACE PATIENT INFO LABEL HERE)

I hereby consent and authorize Lifetime Pet Center of New Richmond to prescribe for, treat, or operate upon:

I have been advised to the risks associated with treatments and/or surgery. It is thoroughly understood that I assume all risks and will take responsibility for payment of services rendered.

The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal(s), but will not be held responsible in any manner whatsoever on account of the care, treatment, or safekeeping of the animal(s) above described, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas or other parasites while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

SIGNATURE _____

PHONE _____

Does your pet have any known allergies? _____

Procedure being admitted for: _____

Your pet is undergoing a dental procedure today. Some factors of your pet’s oral health can only be seen while your pet is under anesthesia. These may include:

- 1. Proper visualization of teeth, especially back teeth.
- 2. Many periodontal problems that can only be detected by probing under the gum line.
- 3. Dental tartar that can hide underlying cavities, fractures, and loose teeth.

Please indicate how you would like us to handle these situations should they occur:

- Do the procedure regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
 - Do the procedure.
 - Do not do the procedure.
- Do not do the procedures. We will call you to pick up your pet.

Additional procedures/ treatments that we can perform while your pet is under anesthesia:

- Update Due Vaccines *Estimate Can be Provided*
(Written proof of Rabies vaccination is REQUIRED for all pets.)
- Home Again Microchip \$60.00
- IV Fluids \$69.15
(REQUIRED for pets of 7 years of age or older.)
- Before & After photos to be reviewed at recheck Free
- Toenail Trim Free
- Ear Cleaning \$21.68

***Please note: bloodwork may be required for your pet. Please see attached form.**

By signing below, you acknowledge the below estimate price for the procedure is not a guaranteed price for services. There are often unforeseen circumstances that could result in an increased cost for the above procedure(s). We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

SIGNATURE _____

ESTIMATE

Wellness Procedure Consent Form (Spay & Neuter)

Date _____

(PLACE PATIENT INFO LABEL HERE)

I hereby consent and authorize Lifetime Pet Center of New Richmond to prescribe for, treat, or operate upon:

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The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal(s), but will not be held responsible in any manner whatsoever on account of the care, treatment, or safekeeping of the animal(s) above described, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas or other parasites while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

SIGNATURE _____

PHONE

Does your pet have any known allergies? _____

Procedure being admitted for:

Your pet is undergoing surgery today. We may discover additional conditions about your pet while s/he is under anesthesia, which can incur additional charges. These may include: pregnancy, heat cycle, cryptorchid (undescended testicle), tumors, hernia, etc.

Please indicate how you would like us to handle these situations should they occur:

- Do the procedure regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
 - Do the procedure.
 - Do not do the procedure.
- Do not do the procedures. We will call you to pick up your pet.

Additional procedures/ treatments that we can perform while your pet is under anesthesia:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Update Due Vaccines
<i>(Written proof of Rabies vaccination is REQUIRED for all pets.)</i> | <i>Estimate Can be Provided</i> |
| <input type="checkbox"/> Home Again Microchip | \$60.00 |
| <input type="checkbox"/> IV Fluids
<i>(REQUIRED for pets of 7 years of age or older.)</i> | \$69.15 |
| <input type="checkbox"/> Toenail Trim | Free |
| <input type="checkbox"/> Ear Cleaning | \$21.86 |
| <input type="checkbox"/> Extract Retained Baby Teeth | <i>Estimate Can be Provided</i> |
| <input type="checkbox"/> First Dental Care (Fluoride & Sealant) | \$29.01 to \$50.00 |

***Please note: bloodwork may be required for your pet. Please see attached form.**

By signing below, you acknowledge the below estimate price for the procedure is not a guaranteed price for services. There are often unforeseen circumstances that could result in an increased cost for the above procedure(s). We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

SIGNATURE _____

ESTIMATE _____

Surgical Procedure Consent Form

Date _____

(PLACE PATIENT INFO LABEL HERE)

I hereby consent and authorize Lifetime Pet Center of New Richmond to prescribe for, treat, or operate upon:

I have been advised to the risks associated with treatments and/or surgery. It is thoroughly understood that I assume all risks and will take responsibility for payment of services rendered.

The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal(s), but will not be held responsible in any manner whatsoever on account of the care, treatment, or safekeeping of the animal(s) above described, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas or other parasites while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

SIGNATURE _____

PHONE _____

Does your pet have any known allergies? _____

Procedure being admitted for: _____

Your pet is undergoing surgery today. We may discover additional conditions about your pet while s/he is under anesthesia, which can incur additional charges.

Please indicate how you would like us to handle these situations should they occur:

- Do the procedure regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
 - Do the procedure.
 - Do not do the procedure.
- Do not do the procedures. We will call you to pick up your pet.

Additional procedures/ treatments that we can perform while your pet is under anesthesia:

- Update Due Vaccines
(Written proof of Rabies vaccination is **REQUIRED** for all pets.)
- Home Again Microchip
- IV Fluids
(**REQUIRED** for pets of 7 years of age or older.)
- Toenail Trim
- Ear Cleaning

***Please note: bloodwork may be required for your pet. Please see attached form.**

By signing below, you acknowledge the below estimate price for the procedure is not a guaranteed price for services. There are often unforeseen circumstances that could result in an increased cost for the above procedure(s). We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

SIGNATURE _____

ESTIMATE _____

General Procedure Consent Form

Date _____

(PLACE PATIENT INFO LABEL HERE)

I hereby consent and authorize Lifetime Pet Center of New Richmond to prescribe for, treat, or operate upon:

I have been advised to the risks associated with treatments and/or surgery. It is thoroughly understood that I assume all risks and will take responsibility for payment of services rendered.

The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal(s), but will not be held responsible in any manner whatsoever on account of the care, treatment, or safekeeping of the animal(s) above described, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas or other parasites while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

SIGNATURE _____

PHONE _____

Does your pet have any known allergies? _____

Procedure being admitted for: _____

Your pet is here for a procedure today. We may discover additional conditions about your pet while s/he is here, which can incur additional charges.

Please indicate how you would like us to handle these situations should they occur:

- Do the procedure regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
 - Do the procedure.
 - Do not do the procedure.
- Do not do the procedures. We will call you to pick up your pet.

Additional procedures/ treatments that we can perform while your pet is here:

- Update Due Vaccines
(Written proof of Rabies vaccination is **REQUIRED** for all pets.)
- Toenail Trim
- Ear Cleaning

***Please note: bloodwork may be required for your pet. Please see attached form.**

By signing below, you acknowledge the below estimate price for the procedure is not a guaranteed price for services. There are often unforeseen circumstances that could result in an increased cost for the above procedure(s). We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

SIGNATURE _____

ESTIMATE _____

Hospitalization Consent Form

Date _____

(PLACE PATIENT INFO LABEL HERE)

I hereby consent and authorize Lifetime Pet Center of New Richmond to prescribe for, treat, or operate upon:

I have been advised to the risks associated with treatments and/or surgery. It is thoroughly understood that I assume all risks and will take responsibility for payment of services rendered.

The Lifetime Pet Center of New Richmond will use all reasonable precautions against injury, theft, escape, or destruction of the animal(s), but will not be held responsible in any manner whatsoever on account of the care, treatment, or safekeeping of the animal(s) above described, as long as acceptable procedures of veterinary medicine have been followed.

It is also noted that my pet will be vaccinated if medically necessary or if recommended by the prescribing doctor in order to protect the safety of my pet and the staff handling my pet. In addition, if my pet is found to have fleas or other parasites while in the hospital, s/he will be treated accordingly as seen fit by the doctor and staff. Please notify us if your pet has any allergies or drug sensitivities.

After reading the above, I have signed to acknowledge receipt and understanding.

SIGNATURE _____

PHONE _____

Does your pet have any known allergies? _____ Procedure being admitted for: *Hospitalization*

Your pet is here for hospitalization. We may discover additional conditions about your pet while s/he is here, which can incur additional charges.

Please indicate how you would like us to handle these situations should they occur:

- Do the procedure regardless of cost.
- Call with estimate for additional charges. If we are unable to reach you:
 - Do the procedure.
 - Do not do the procedure.
- Authorize a certain amount for charges, we will call you if those charges are exceeded:
\$ _____

By signing below, you acknowledge the below estimate price for the procedure is not a guaranteed price for services. There are often unforeseen circumstances that could result in an increased cost for the above procedure(s). We will make a reasonable effort to inform you and gain consent for additional services before proceeding.

SIGNATURE _____

ESTIMATE: ***Request written estimate if desired***

