

No food past: 9pm



Dental Consent

Guardian Name: _____

Date: _____

Patient Name: _____

I am the guardian of the above animal and have the authority to execute this consent. I hereby grant Jasper Animal Hospital and Dr. _____ my consent to perform anesthetic dental procedures necessary for maintenance of my pet's health. I understand the anesthetic dental procedure and treatment to be performed today is a dental with general anesthesia.

I have been advised as to the nature of the anesthesia, dental procedure(s), and/or treatment(s) risks involved. I understand that there is always a risk with anesthetic procedures. Jasper Animal Hospital is to use all reasonable precautions against injury, escape, or death of my pet. Jasper Animal Hospital will not be held liable or responsible, in any manner, as I thoroughly understand that I assume the risks.

I understand that during the performance of the anesthetic dental procedure(s) or treatment(s) unforeseen conditions may be revealed that necessitate an extension of the dental procedure(s) other than set forth above. This may include loss or removal of teeth, gum tissue, and/or jaw bone. I understand that no healthy teeth, gum tissue, or bone will be willfully removed/or damaged, other than that which is required to ensure the health of the surrounding teeth/tissue/bone, or to further the health and pain relief of the animal. I understand the hospital support personnel will be employed as deemed necessary by the veterinarian. Therefore I hereby authorize the performance of the anesthetic dental procedure(s) or treatment(s) as necessary and desirable in the exercise of the veterinarian's professional judgement.

You will receive a text _____ (Cell Phone) when your pet is going under anesthesia. Please make yourself available for the doctor to discuss your pet's treatment plan by phone _____.

If we are unable to reach you, for the safety of your pet they will be woken up without any further treatments after 10 minutes.

_____ **By initialing here, if I cannot be reached, I authorize the doctor to proceed with the recommended treatment and understand there may be additional charges.**

Would you like a complimentary nail trim today? Please select one box: Yes _____ No _____

I realize if procedures, treatments, or extractions are required at a later time it will require further anesthesia, treatments, and costs. I also realize that tooth loss can occur without being extracted if periodontal disease is present.

If additional expenses are incurred, I agree to pay all charges upon release of my pet from Jasper Animal Hospital.

Signature of Guardian

Date

Consent for CPR or DNR:

In the case that your pet were to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide life-saving measures (i.e. cardiopulmonary resuscitation)? Costs of these services are NOT reflected in this estimate. If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the options how to proceed.

PLEASE SELECT ONE OF THE FOLLOWING BY INITIALING BY YOUR SELECTION:

_____ CPR I authorize appropriate life saving measures. I understand that the cost of services may exceed this estimate.

_____ DNR I do not wish for life saving measures to be employed. I am electing "Do Not Resuscitate" status for my pet.