



CCAHA Veterinary Services
 110 Morview Blvd.
 Morgantown, PA 19543
 610-286-9065

Dental Surgery Consent

Date:	Patient's Name:
Owner's Name:	Phone Number:
Purpose of Admission - Dental Surgery and Prophylactic Cleaning and Polishing	Please list all medications or supplements:

Pre-anesthetic blood tests: Many conditions, including disorders of the liver, kidneys, blood (CBC/CS) & problems with clotting and bleeding are not detected unless blood testing is performed. Such testing is especially important before any surgery. Our greatest concern is the well being of your pet, and we *highly* recommend blood screening before surgical procedures. The cost for this testing is \$68-125 for CBC/CS and \$35 for clotting testing.

_____ I elect pre-anesthetic CBC/Chem testing. _____ I elect pre-anesthetic coagulation (clotting) testing.
 _____ I decline pre-anesthetic testing and request that you proceed with anesthesia. I understand the risk to my pet if this testing is not performed.

Dental Extraction Consent:

_____ I give permission for any teeth to be extracted that the doctor deems medically necessary
 -or-
 _____ Please call me before any extractions are done. I understand that I must be immediately available by phone or my pet will awaken from the procedures without extractions having been performed.

Additional requests:

_____ Recommended biopsy of tumor or growth (if applicable). Cost for biopsy is \$155.67
 _____ HomeAgain Microchip placement. Cost for microchip placement and registration is \$51.45
 _____ FeLV/FIV tested (cats only). Cost for this test is \$51.45
 Please initial here if you do NOT want a courtesy nail trim while your pet is under sedation _____
 Anything else we can do for your pet during their stay? _____

Additional notes:

- If your pet is found to have fleas upon admission, a flea product will be administered and charged. This is necessary to protect the other animals in the hospital and kennel.
- Payment in full is required at time of services rendered. A deposit may be required.

I, the undersigned, am the owner or agent for the owner of the animal described above, and I have the authority to execute this consent. I give permission to doctors, staff, authorized agents, or representatives of CCAH Veterinary Services to hospitalize, anesthetize, medicate, treat, or perform surgery on my pet. I have been informed that there are risks and complications associated with any surgery, anesthesia, hospitalization, procedure, as well any medications that may be given or dispensed for my pet. I further understand that unforeseen conditions may arise that may necessitate additional procedures at an additional cost. Should life-saving emergency care be required, I authorize CCAH Veterinary Services doctors, staff, authorized agents, or representatives to provide treatment which they deem necessary. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I understand that if my pet remains hospitalized, there will not be overnight supervision provided. I further understand that it can be very stressful to an animal to be hospitalized and this stress may cause underlying physical conditions to become apparent. This can result in illness or even death. I release CCAH Veterinary Services from any and all liabilities.

Owner/Agent Signature: _____ Date: _____
 CCAH Staff Only: Staff Initials: _____ Critical Care Level Form Completed

I have read and understand my pet's discharge instructions:

