

ALBANY ANIMAL HOSPITAL, INC.

Dental Procedure Consent / Release Form

Owner's Name \_\_\_\_\_ Name of Pet \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (during the day) \_\_\_\_\_ Alternate #? \_\_\_\_\_

Species: Canine / Feline / Other – If other, specify \_\_\_\_\_ Birthday \_\_\_\_\_

Breed \_\_\_\_\_ Sex: Male / Female Altered? Y / N

If acting as an agent for the owner, please fill out this section also:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I am the owner/agent of the above described animal & have the authority to execute this consent. I hereby consent & authorize the performance of the following procedure(s) or operation(s)

Scaling/Cleaning \_\_\_\_\_

Tooth Extractions \_\_\_\_\_

Other \_\_\_\_\_

IV catheterization & fluids during the dental procedure is now mandatory

IV fluid will support the animal's organs and blood pressure during the procedure, and enhance the quick recovery from the anesthesia.

Pain medication is now mandatory on all surgical procedures by Oregon State law 875-015-0030(j) (\$15-25)

IS YOUR PET ON ANY MEDICATIONS? (please list below)

Is there a specific time you need to pick up your pet? \_\_\_\_\_

- It is our clinic policy that any animals with fleas will be treated immediately at the owner's expense.
- Pain medication: It is our belief and required by law that pain meds are necessary for ALL surgeries. Therefore, unless otherwise instructed by the doctor, pain meds will be given.
- I understand that during the performance of the foregoing procedure(s) unforeseen conditions may be revealed that necessitate a change to different procedure or operation than those set forth above. I hereby consent to and authorize the performance of such procedures that are deemed necessary by the veterinarian's professional judgment.
- I also authorize the use of appropriate anesthetics and other medications, and understand that hospital support staff will be employed if deemed necessary by the veterinarian.
- I have also been advised as to the nature of the procedures of operations and the risks involved. I realize that results cannot be guaranteed.
- I have read the above and understand this authorization consent.

Date \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Witness \_\_\_\_\_