



Aurora Veterinary Hospital Authorization and Consent Form for Dentistry

Owner: _____ Patient: _____
Address: _____ Species: _____
Account: _____ Sex: _____ Born: _____

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the performance of the following procedures or operations:

Pre-Anesthetic Blood Work

Pre-anesthetic blood work can uncover underlying abnormalities that cannot be detected by examination alone. In order to provide the best care for your pet, we recommend this testing prior to anesthesia or sedation. Fees for this testing are between \$100.00 and \$140.00. Yes, I would like pre-anesthetic blood work.
 No, I decline pre-anesthetic blood work.

Extractions / Biopsies

I understand that it is not uncommon to find teeth needing extraction or tissues that should be biopsied once the pet is under anesthesia when a more thorough oral exam can be done. If this is the case:
 Yes, I would like the doctor to do what they feel is in the best interest of the pet, including tissue biopsies, dental radiographs and/or extractions. (If performed, these will incur additional charges.)
 Please call to discuss before doing any extractions or biopsies.
If you cannot be reached, would you like the veterinarian to proceed at his/her discretion? Yes No

Flea Control: All animals will be examined for fleas upon admittance. Animals with fleas will be given appropriate treatment at the owner's expense to prevent transmitting fleas to hospitalized patients and other boarding animals.

I hereby authorize the veterinarians at Aurora Veterinary Hospital to perform such procedures or operations as described above. The nature of such services has been described to me to my satisfaction. I realize that there are risks involved with any anesthetic or surgical procedure and that no guarantee or warranty can be made regarding the results or cure. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and other medications as needed before or after the procedure and I understand that there are risks associated with the use of any medication. I understand the hospital support personnel will be used as deemed necessary by the veterinarian. I understand that I assume financial responsibility for all services rendered.

Should unexpected life-saving emergency care be required, the hospital staff will make every attempt to reach you. If you cannot be reached, would you like the veterinarian to proceed with resuscitation at his/her discretion? Yes No If yes, I agree to pay for such services.

I have read and understand this authorization and consent.

Signature of Owner or Agent

_____/_____/_____
Date

Phone Number (where you can be reached today)

Witness to Signatur

