

FAIRFIELD VETERINARY HOSPITAL

Anesthesia and Surgical Consent Agreement

I am the owner of _____, or am acting as an authorized agent for the owner and accept full responsibility. I authorize Fairfield Veterinary Hospital to perform a dental cleaning on the above pet. I understand that this procedure involves anesthesia and consent to its use. I acknowledge that risks and the possibility of complications exist in any surgical or medical treatment.

CONSENT TO PERFORM EXTRACTIONS AND NECESSARY PROCEDURES

Many pets require sedation before a doctor can complete a thorough dental exam. Each tooth must be carefully evaluated so the veterinarian can choose the best treatment. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs.

PLEASE INITIAL NEXT TO ONE OF THE FOLLOWING:

___ Perform any necessary extractions and dental procedures at this time.

___ Contact me if the price of extractions needed will exceed \$_____. Do not exceed this amount without authorization. You can immediately reach me all day at _____. I understand that if I cannot be reached or decline the necessary extractions that I will need to schedule another appointment for extractions which will require additional anesthetic charges.

___ Provide only the requested dental prophylaxis at this time. I understand that infected teeth left in the mouth can be painful and can cause infection to spread to major organs in the body. I understand that my pet may need to be anesthetized again to have teeth extracted which will require additional anesthetic charges.

ALL CHARGES ARE DUE IN FULL UPON RELEASE. Estimates are available upon request.

I agree that in the case of nonpayment all collection and attorney fees necessary to collect this debt will be born by me.

Date _____ Signature _____

Phone number(s) where you can be reached today
