



4422 County Road N
Orland, CA 95963
United States
(530) 865-5634

DENTAL PROCEDURE CONSENT FORM

CLIENT:

PATIENT:

HISTORY

Core Vaccines:

Expired Reminders:

Microchip:

() Is your pet allergic to any medications? If YES: _____

() Any history of seizures and/or previous aesthetic problems?

() Is your pet currently on any medications? If YES: MEDICATION : _____ LAST GIVEN:

() Did your pet eat this morning? If YES, what time: _____

() Is your pet vomiting?

() Does your pet have diarrhea?

() Would you like us to update any past due vaccines during your pet's visit (besides Rabies)?

() Is your pet on a heartworm preventative? If no, would you like us to do the necessary bloodwork to get started on a preventative? ()

() Is your pet currently using flea prevention products?

Is your pet microchipped? If no, would you like to have us insert one?

PROCEDURE TO BE PERFORMED TODAY:

Pre-anesthetic bloodwork and urinalysis will be done on your pet before anesthesia to check the overall health of your pet's organs. We also place IV catheters to administer IV fluids throughout the procedure for maintenance of proper blood volume and faster recovery. Due to increased risks of some patients the doctor may refuse to perform the procedure if pre-anesthetic bloodwork is declined.

I DO give permission for the for doctor and staff to run pre-anesthetic bloodwork, urinalysis and place an IV catheter

I DO NOT give permission for the doctor and staff to run pre-anesthetic bloodwork, urinalysis and place an IV catheter

EXTRACTION CONSENT

If the dental estimate is exceeded during the procedure and additional extractions are deemed necessary:

I DO give permission for the doctor and staff to extract the additional teeth at an additional cost.

I DO NOT give permission for the doctor and staff to extract the additional teeth.

CPR/DNR

In the event that Meeting should experience cardiac or respiratory arrest while being hospitalized today, do you give consent for resuscitative efforts to be initiated until you can be contacted further and notified of Meeting's status?

By consenting to this service, you are also acknowledging that certain charges will apply. If you are not able to be contacted immediately, resuscitation efforts will be continued to be performed at the doctor's discretion.

I agree to CPR being performed in case of arrest and agree to any financial obligations as a result of CPR being performed regardless of outcome.

I elect a "Do Not Resuscitate" status in case of arrest.

OWNER RELEASE AND CONSENT

MVVH Orland, Inc., doing business as Mid-Valley Veterinary Hospital, will use all reasonable precautions against injury, escape, or death of your pet. I understand that anesthesia and surgery always involve some risk to your pet and agree to hold Mid-Valley Veterinary Hospital harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the below-listed phone number, Mid-Valley Veterinary Hospital is directed to make the decision(s) it deems best for my pet. I have read the foregoing, understand what it says, and agree

A DEPOSIT OF 50% OF THE PROCEDURE ESTIMATE IS DUE AT THE TIME OF PATIENT DROP OFF FOR ALL SURGERIES AND EMERGENCIES. I ACKNOWLEDGE THAT ANY REMAINING BALANCE IS DUE AT TIME OF DISCHARGE.

SIGNATURE:

DATE:

(owner/agent)

PHONE NUMBER(S) WHERE YOU CAN BE REACHED TODAY: