

Appleby Sand Road Animal Clinic, PC
4528 Appleby Sand Road, Nacogdoches, Texas 75965
Phone:(936)569-8410
Fax: (936)569-6324
applebysandrdanimalclinic@gmail.com
applebysandanimalclinic.com

Dental Consent Form

Surgery Date: _____
Client Name: _____
Patient Name: _____

Procedure: _____

I hereby authorized and direct the Veterinarians at Appleby Sand Road Animal Clinic, PC to perform the above procedure(s). I also authorize any emergency tests or procedures that may become necessary for my pet as a result of unforeseen complications or illness.

Blood Work

Your pet is undergoing a procedure requiring general anesthesia. We will perform a physical exam on your pet before administering the anesthesia. This process is to look for potential health problems, however, we strongly recommend a pre-anesthetic blood chemistry profile and blood cell count(CBC) be performed to help insure that your pet is in a low-risk category during anesthesia and surgery. By performing the important pre-anesthetic testing, we will be able to rule out many pre-existing internal problems that may not be evident physically, but could lead to serious complications. There is an additional fee of \$173.00 for this testing.

___ Yes, COMPETE the recommended blood work prior to anesthetizing my pet.
___ NO, I DECLINE the recommended blood work and request to continue the procedure.

Treatment

When performing dental cleanings, we often discover serious dental problems that will require treatment. For any condition that would require additional anesthesia, we try to perform the necessary treatment and/or surgery while your pet is already anesthetized. This makes it safer for your pet and more economical for you. Also, if any additional analgesics or antibiotics are deemed necessary, we will administer them to your pet and prescribe medication to take home. If medications are needed, there will be an additional charge.

___ Yes, COMPLETE any necessary dental treatments and procedures for my pet.
___ No, I DECLINE any additional procedures or medications beyond the routine dental cleaning.
___ No, I wish to be contacted before any additional procedures are preformed. I understand if I cannot be reached contacted that no additional procedures will be performed.

The nature of the procedure(s) has been explained to me and I realize that no guarantee as to the results or cure can ethically or professionally be made. I understand that there may be risk involved in these procedures. I fully realize that open communication between the doctor and the pet owner is essential to providing the best possible veterinary care for my pet. (Please feel free to discuss all aspects of your pet's treatment and it's cost.) I understand that a written estimate of the costs is available upon request if one has not already been presented to me.

Payment is to be made when the services are performed or when I take my pet home. I agree to pay in full for services rendered, including those deemed immediately necessary for medical and/or surgical complications. Or unforeseen circumstances. Any estimate of charges for presently planned procedures is only an approximation and the final bill may be greater or less than this amount.

I have read and understand the above statements:

Signature of Owner/Agent

Phone Number: _____