

Casper Animal Medical Center Dental Procedures Admission

Date: _____

Client name: _____ Pet name: _____

I consent to and authorize Casper Animal Medical Center to perform the following procedure(s) on my pet:

Dental exam, teeth scaling, cleaning, and polishing, _____

Please indicate only one contact person, and verify one phone number they will answer (NOT a message phone):

Printed name: _____ Phone #: _____

To ensure best care for ALL our patients, please wait for us to call you with updates on your pet.

I understand that if my pet is not current on its Rabies vaccination, and should my pet be healthy enough to respond to the vaccine, the vaccine will be given and the fee added to the invoice.

To better ensure your pets safety during anesthesia we WILL perform age-appropriate blood work that the doctor deems necessary. We will also conduct a complementary pre-surgical physical exam on your pet. However, not all conditions are evident upon this exam. Blood chemistry panels allow us to recognize underlying internal problems which may pose a risk to your pet during anesthesia. Maximum cost of blood work, depending on the animal's age, is \$177.95. You will receive a phone call if there are ANY concerns regarding your animal's blood work.

In the event of an emergency, a pre-placed intravenous catheter allows more rapid administration of life saving drugs. All patients undergoing anesthetic procedures will have an IV catheter in place.

It has been shown that humans recover better and faster if they are pain free; it is the same with our pets. We will administer a post operative pain injection, and pain meds will be sent home if they are determined to be necessary. The price for these medications will vary on size and species of the animal.

Please **INITIAL** next to your choice for the following:

_____ I authorize the attending veterinarian and/or technician to perform **up to 4 NON-surgical extractions** on my pet without a phone call. I understand that I will receive a call if there are more than 4 expected NON-surgical extractions, or ANY expected surgical extractions.

****OR****

_____ I request a phone call from the attending veterinarian or technician before **ANY** type of extractions are performed on my pet.

_____ I authorize the attending veterinarian to perform dental x-rays when indicated. This helps to determine the extent of disease, and is crucial to deciding the best treatment plan for your animal. (\$25.92 ea. or \$161.35 full-mouth)

Microchip - \$40.00 (regular price: \$56.00) Accept _____ OR Decline _____

Heartworm Test (dogs over 6 months of age) - \$32.50 Accept _____ OR Decline _____

Post-operative therapeutic laser treatment - \$12.42 Accept _____ OR Decline _____
(Helps decrease pain/inflammation, and can decrease healing time)

** Continued on next page*



I UNDERSTAND THE PROCEDURES TO BE PERFORMED, AND THE RISKS ASSOCIATED WITH THOSE PROCEDURES. IF ANY SEVERE ANESTHETIC OR SURGICAL COMPLICATIONS SHOULD ARISE, I CHOOSE FOR MY PET: (please INITIAL next to your choice)

_____ **CPR (Cardio-Pulmonary Resuscitation)**

This may include the administration of IV fluids and emergency medications to restore heart and respiratory function and blood pressure as determined important by the attending veterinarian.

OR

_____ **DNR (Do Not Resuscitate)**

In the event of anesthetic or surgical complications, including cardiac arrest, blood pressure complications, or respiratory arrest, emergency resuscitative measures will **NOT** be made.

I understand that my pet may be considered abandoned if Casper Animal Medical Center (CAMC) has not had contact with me within 7 days of the expected discharge date. CAMC is then authorized to dispose of my pet as best deemed, including euthanasia ("putting to sleep"), and I will still be held financially responsible for any and all charges accrued. I further understand that no guarantee of successful treatment has been made.

I certify that I understand this release, and furthermore assume responsibility for all charges accrued.

****PAYMENT IN FULL IS REQUIRED AT THE TIME OF SERVICE.****

By signing below, I acknowledge that I have fully read, understand, and consent to these terms.

Signature: _____ Date: _____