



P.O. Box 128, Peaster, TX 76485
8283 FM 920, Weatherford, TX 76088
(817) 458-3355 – Fax (817) 458-3350

Dental Surgery Consent Form

Owner Name: _____ Date: _____

Contact Number: _____ Patient Name: _____

Species: _____ Age: _____ Breed/Color: _____

Doctor: _____ Procedure: _____

Authorization: Please initial *ONLY ONE* of the following options:

____ I grant authorization for NTVH to perform the dental assessment & cleaning as well as any additional procedures deemed necessary by the veterinarian WITHOUT prior contact or approval.

____ I grant authorization for NTVH to perform the dental assessment and cleaning as well as any procedures deemed necessary by the veterinarian (e.g. tooth extractions, post extraction x-rays) for up to an additional \$ _____ without prior contact or approval. Anything additional beyond this amount must be approved prior to proceeding.

____ I hereby want only the dental assessment and cleaning done at this time. You must contact me **PRIOR** to any additional procedures or treatments. I ensure that I will be available to contact throughout today using the phone number listed above.

Optional Services:

Pre-Anesthetic Bloodwork: This allows us to detect any problems with organ function (liver, kidneys, glucose metabolism) before anesthesia, that could cause complications or may dictate a change in the treatment plan.

*PRE-OP CHEM PROFILE - \$50.00 ACCEPT _____ DECLINE _____ **CBC - \$50.00 ACCEPT _____ DECLINE _____

IV Fluids, \$40: An IV catheter is placed so fluids may be given during and after surgery to ensure adequate tissue perfusion & hydration. This also allows easier administration of medication, especially if complications should arise.

ACCEPT _____ DECLINE _____

Full Mouth Dental X-rays, \$60 cats/ \$75 dogs: When looking at your pet’s teeth, what you see is not always what you get. Just as with human dentistry, x-rays are the only way to know if your pet has a dental problem at or below the gum line. Early detection is key to treating and providing relief to these types of issues.

ACCEPT _____ DECLINE _____

Please check if your pet needs any of these additional services today

- \$14- Toe Nail Trim
- \$20- Express Anal Glands
- \$20- Clean Ears
- \$25 - Heartworm Test or FeLV/FIV test - \$32
- \$50 - Microchip
- \$15 – Post-Op Laser treatment
- _____

I certify that I am the owner or agent of the patient listed above and that I consent for the procedures above to be performed. I understand there are always risks inherent to anesthesia and surgical procedures. In the event of any complications, I authorize the doctors and staff of North Texas Veterinary Hospital to take reasonable measures to ensure my pet’s health.

I understand that I am responsible for all the charges incurred and that payment will be required at the time the patient is discharged.

SIGNATURE: _____ DATE: _____