

# OSPIKA ANIMAL HOSPITAL

## Anesthesia and Dental Treatment Consent Form

Owner's Name: \_\_\_\_\_ Animal's name: \_\_\_\_\_

Date: \_\_\_\_\_ Surgery to be performed: \_\_\_\_\_

I certify that I own the above described animal and I do hereby consent and authorize Ospika Animal Hospital and it's staff to perform the following procedures:

I certify that no guarantee or assurance has been made regarding the results that may be obtained. Furthermore, I assume financial responsibility for charges incurred to the patient.

To prevent possible problems with anesthesia, we recommend a pre-anesthetic chemistry and blood panel prior to surgery. There is an additional cost of \$188.00 for the test. I agree to this test being performed on my pet. **Yes / No**

**Please check one of the following below:**

Perform any extractions, dental x rays, or periodontal surgery necessary to avoid another anesthetic later.

Call me first, but if you cannot reach me by telephone, you may proceed with any procedure(s) deemed necessary.

Do nothing else unless you reach me by telephone. I understand that you will wake my pet up without doing even the simplest of any additional procedure(s). I also understand that should I agree to the recommended procedure(s) at a later date, there will be additional charges for anesthetic and procedure(s).

The estimated cost of the procedure(s) described to me will be in the range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_. I understand this is just an estimate and the final bill may be more or less than this estimate.

Email Address for Pre and Post Dental pictures and instructions: \_\_\_\_\_

Do you consent to use of pictures on social media? YES NO

Signature: \_\_\_\_\_

Between 8:30 am and 5:00 pm I can be reached at ( ) \_\_\_\_\_