

Owner's Name: _____
 Client #: _____
 Street: _____
 City: _____
 Primary Phone: _____
 Secondary Phone: _____

Pet's Name: _____
 Species: _____
 Breed: _____
 Sex: _____
 Age: _____
 Color: _____

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above. I do hereby authorize and direct the veterinarians of East Lake Animal Clinic to administer a general anesthetic and perform dental care on this animal. This dental care is to consist of cleaning and polishing healthy teeth, other procedures to treat diseased teeth and gums, or, if deemed advisable or necessary by the veterinarian, extractions of any teeth too diseased to be saved.

The nature of the procedure(s) and the risks involved have been explained to me and no guarantee has been made as to the results or cure. I authorize these veterinarians to perform any other procedure or treatment that, in the event of unforeseen conditions or complications, may be necessary or desirable in their judgment to promote or ensure the health of this pet.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. I understand that any fee quoted is for routine, uncomplicated circumstances only and that the cleaning/polishing fee does not include fees for any oral surgery or extractions that may be necessary.

Dental Radiographs will be taken when necessary as part of a complete oral examination. It is reported that 42% of disease occurs below the gum line. Early and accurate detection of these issues can make your pet more comfortable and healthy, as well as save you time and money in the long term.

Signed: _____ Date: _____
 Phone number where I may be reached today: (_____) _____

PLEASE LIST ANY ALLERGIES AND CURRENT MEDICATIONS: _____

PLEASE READ AND MAKE THE APPROPRIATE SELECTION BELOW:

General anesthesia and surgery are very stressful and potentially dangerous situations for any patient, but more so for the individual with undetected pre-existing health problems and for the elderly. In order to identify those patients ahead of time we require a pre-anesthetic metabolic screening to establish the status of every patient. This is a set of blood tests used to verify normal function of organ systems vital for metabolizing anesthetics (kidneys, liver, blood sugar, anemia, etc.).

WAS YOUR ANIMAL FASTED? Yes _____ No _____

PLEASE MICROCHIP MY PET Yes _____ No _____

PERMISSION FOR EXTRACTIONS Yes _____ No _____ Call first _____ (must be available to be reached by phone)

Staff initials _____