

**Palatine Animal Hospital, Ltd.
496 W. Northwest Highway
Palatine, IL 60067**

Dental Procedure Consent Form

Sedative/Anesthesia/ Pre Anesthetic Blood Testing Release

You are to use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthetics involves some minimal risk to my pet, but you will not be held liable or responsible in any manner whatever or under any circumstances in connection therewith as it is thoroughly understood that I assume all risks.

Like you, our greatest concern is the wellbeing of your pet. Before putting your pet under anesthesia, we will perform a full physical examination and blood test. Many conditions, including disorders of the liver, lungs, heart, kidneys, blood or diabetes can only be detected through blood testing. It is important to determine if any of these disorders exist prior to surgery.

Our laboratory is fully equipped with the latest technology to perform these important tests. Results will be available and assessed prior to anesthesia and/or surgery.

I have read the foregoing and agree.

Date	Pet Name	(Owner/Agent)

Extractions

It is possible that after the tartar has been removed, the doctor may find teeth that should be extracted due to decay or periodontal disease. If not removed, bacterial infection could not only destroy the gum, tooth, and bone, but can also spread throughout the entire body via the bloodstream and may damage the kidney, liver, and heart. It is beneficial for your pet (as well as cost effective to you) to have these teeth extracted while your pet is under the anesthetic today. Teeth will only be extracted if absolutely necessary. Other alternatives will be recommended for teeth that can be "saved".

Please be aware that extractions are at an additional cost.

_____ I authorize the Palatine Animal Hospital to extract any teeth deemed medically necessary.

_____ I request to be contacted prior to any extractions. I understand that my pet will be anesthetized and will be available at the following phone number _____ .

I also understand if I am not available at the time of the doctors' call, the Palatine Animal Hospital will proceed with the necessary extractions.

_____ I decline all extractions and I am aware of the medical risks to my pet.

Microchipping

At this time we are recommending the Avid MicroChip Identification Placement for \$31.00 with any surgical procedure. Our regular price for this procedure is \$41.00.

_____ Yes, I would like my pet to be MicroChip protected.

_____ No, not at this time.

Signed: _____

Contact # for today: _____