Colony Animal Hospital
Newport News, VA
(757) 877-6464

Dental Anesthesia Consent Form

Owner Name	Home Phone	Telephone Number Where You Can Be Reached Today

Name of Pet	Species	Breed	Sex

Are you currently using *Frontline*® or *Advantage*® on your pet? Yes ❑ No ❑ Date of last application_____

As with any procedure requiring anesthesia, certain risks may result in serious complications or even death. To minimize such risks we require basic blood screens and intravenous fluid support for all patients undergoing anesthesia for a dental procedure. These two items, along with added pain medication have already been figured into the cost of the dental procedure. These items are not optional.

Items not included in the dental price are the following:
- Oral surgery (tooth extractions)
- Antibiotics to go home
- Pain medication to go home

These items are not included in the base price owing to the fact that each individual animal has different needs that can not be fully assessed until the time of anesthesia and good oral examination.

Please read carefully: I, the undersigned, hereby confirm that I am the legal owner/agent of the animal described above and I am authorizing the dental procedure listed above to be performed on my pet. I consent to the administration of such analgesics, sedatives, tranquilizers, anesthetics or other medications as may be deemed necessary by the attending veterinarian.

I acknowledge that no assurance or guarantee has been made of the results of treatments, procedures, or surgery. I am aware that every surgical procedure, treatment, and anesthesia, even performed on a healthy animal, carries a certain amount of risk and possibilities of complications. I understand that the staff of Colony Animal Hospital will make every reasonable attempt to safely and proficiently care for my pet. I am fully prepared to accept the risk to my pet from the procedure that I am directing the doctors of Colony Animal Hospital to perform. Colony Animal Hospital or its staff will not be held responsible in any manner whatever or any circumstance, on account of the care, treatment, or safe keeping of the animal described above, or otherwise in connection therewith.

I also understand that conditions not known may make it advisable that additional treatments, procedures, or surgery be performed on my pet. I understand that every reasonable effort will be made to contact me. Until I can be contacted, I hereby authorize the staff of Colony Animal Hospital to perform any reasonable treatment, procedure and care for my pet as deemed necessary by the attending veterinarian.

I acknowledge that I will bear full financial responsibility for any and all costs incurred for the treatment and care of my pet, and I am aware that all outstanding accounts are payable in full after services are rendered.

I have read and understood the statement above_____ _____
Signature Date