



## Anesthesia / Dental Consent Form

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Today's Contact Phone Number: \_\_\_\_\_

If we cannot reach you by phone, name and phone number of a person authorized to approve treatment in case of emergency: \_\_\_\_\_

As the owner (or agent of the owner) of the above animal, I hereby give my consent to Pacifica Pet Hospital to perform the following procedures which include the use of anesthesia on my pet:

\_\_\_\_\_

I understand that during the performance of anesthetic procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedures set forth above. I expect Pacifica Pet Hospital to use reasonable care and judgment in performing the procedures. I am aware of the risks of anesthetic procedures and realize the results cannot be guaranteed. I do not hold Pacifica Pet Hospital responsible or liable if any complications (including death) occur. I am also aware that unforeseen events or complications resulting from anesthetic procedures will not relieve me of any obligation to all reasonable costs incurred regarding this animal.

Initial after reading above: \_\_\_\_\_

I understand that dental cleanings and treatments may range from **\$950~\$1500** depending on the age of my animal and any necessary extractions or complications found within the mouth while doing the dental cleaning.

Initial after reading above: \_\_\_\_\_

I also understand that extractions may be performed with an **additional charge**. Extractions are performed when deemed necessary by the doctor. Please check **one** of the below boxes.

☐ I am authorizing the doctors to perform any necessary extractions

OR <

☐ I want to be called before any extractions are to be performed.

**I understand that if I am unable to be reached at this phone # the doctor will perform any necessary extractions.**

Signature of Owner (Or authorized representative):

\_\_\_\_\_ Date: \_\_\_\_\_