

**Dental Consent Form-Canine**

Pet \_\_\_\_\_ Owner \_\_\_\_\_

Patient ID \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

**Well Pet Exam:** If your pet has not been in to see one of our doctors in the **last 12 months** this is necessary.

**Pre-anesthetic Blood Testing**

Even though a physical examination will be done before your animal has surgery, disorders of the liver, kidneys, or blood, are not detected unless blood testing is done. Abnormalities of any of these may increase anesthetic risk. For these reasons, we require pre-anesthetic blood screens.

**Intravenous Fluids**

Intravenous fluids given during surgery help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop. For these reasons, we highly recommend this for all pets.

**\*Pets over 7 years old, IV Fluids are required.**

\_\_\_\_\_ **Yes**, I want my pet to have fluids

\_\_\_\_\_ **No**, I do not want my pet to have fluids  
**(My pet is under 7 years old)**

**Tooth Extractions**

\_\_\_\_\_ **Yes**, I give my permission to extract teeth without being contacted first.

\_\_\_\_\_ **No**, I want to be called before any teeth are extracted. **(PLEASE realize that if we cannot reach you, the veterinarian will make this decision on your behalf.)**

**While your pet is in the clinic, would you like any of the following services performed?**

Rabies Vaccine	<b>Yes</b>	_____	<b>No</b>	_____
DHPP/Lepto Combo	<b>Yes</b>	_____	<b>No</b>	_____
DHPP Vaccine	<b>Yes</b>	_____	<b>No</b>	_____
Leptospirosis Vaccine	<b>Yes</b>	_____	<b>No</b>	_____
Bordetella Vaccine	<b>Yes</b>	_____	<b>No</b>	_____
Lyme Disease Vaccine	<b>Yes</b>	_____	<b>No</b>	_____
Rattlesnake Vaccine	<b>Yes</b>	_____	<b>No</b>	_____
Canine Influenza	<b>Yes</b>	_____	<b>No</b>	_____
Heartworm Test	<b>Yes</b>	_____	<b>No</b>	_____
Microchip	<b>Yes</b>	_____	<b>No</b>	_____
Express Anal Glands	<b>Yes</b>	_____	<b>No</b>	_____
Toenail trim	<b>Yes</b>	_____	<b>No</b>	_____

***Consent for Treatment***

*I hereby authorize the doctors Countryside Veterinary Service to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I also authorize the clinic staff in an emergency situation, to follow through with such procedures as are necessary for the well being of my pet on a continuing basis until further communication with me. Finally, CVS reserves the right to administer pain medication and/or antibiotics at the veterinarian's discretion. I understand that I assume financial responsibility for all services rendered.*

Signed by owner or agent \_\_\_\_\_ Date \_\_\_\_\_

Phone number where owner or agent can be reached today between 9am and 1pm \_\_\_\_\_

**(PLEASE realize that if we cannot reach you, the veterinarian will make decision on your behalf.)**