

Dental Consent Form-Feline

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. We require this for all pets. **Pets over 7 years old Blood screening is required.**

Intravenous Fluids

Intravenous fluids given during surgery help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation develop. 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?

| | | | | |
|--------------------------|------------|-------|-----------|-------|
| FELV/FIV/ Heartworm Test | Yes | _____ | No | _____ |
| Leukemia Test | Yes | _____ | No | _____ |
| FVRCP Vaccine | Yes | _____ | No | _____ |
| Leukemia Vaccine | Yes | _____ | No | _____ |
| FVRCP/LV Combo Vaccine | Yes | _____ | No | _____ |
| Rabies Vaccine | Yes | _____ | No | _____ |
| Microchip | Yes | _____ | No | _____ |
| Toenail trim | Yes | _____ | No | _____ |

Consent for Treatment

I hereby authorize the doctors at 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)