

# Blackman Animal Clinic

2300 Wildwood Ave

Jackson, Mi 49202

517-784-8457

## Consent for Dental Care

Client's Name:

Address:

City, State:

Zip Code

Pet's Name:

Breed:

Age:

Sex:

**Did your pet eat this morning?**  Yes  No

All animals admitted to the hospital must have a current wellness exam and rabies vaccine. We require proof if the pet was vaccinated elsewhere. Wellness exam (\$47.26) Rabies (\$30.39)

We also strongly recommend pets be current on their core vaccines as well: Canine DAP4LC (**\$30.39**) for dogs and Feline FVRCP (**\$30.39**) for cats. Please indicate if you would like your pet vaccinated.  Yes  No

Dogs with heartworm infection are under greater risk of adverse anesthetic events. We require all dogs have a current (within 12 months) negative test or show proof if done elsewhere and proof they've been on prevention. The cost of the test **\$53.72**

***All animals who have fleas will be treated at the owners expense.***

Please indicate any other procedures you would like us to perform today. (i.e. nail trim, anal glands, ear cleaning, etc.)

I, the undersigned owner, or owner's authorized agent, of the above pet certify that I am 18 years old or over and I have been informed that my pet is in need of preventive or therapeutic dental care and hereby consent to the appropriate procedures described to me by the staff at this facility. These procedures may include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions 4) root planing, 5) dental x-rays, and 6) antibiotics.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and Blackman Animal Clinic will not be held responsible for any adverse reaction. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I understand that a complete oral examination can only be performed under anesthesia and such exams often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. If my pet has more than 6 such teeth that should be extracted, I request that a staff member contact me for authorization or information about other options. If I cannot be reached while my pet is undergoing anesthesia and dental care, I consent to additional extractions at the discretion of the attending doctor and agree to pay for all related fees. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that I am encouraged to discuss all fees related to such care before services are rendered. I assume financial responsibility for the cost of all services rendered, and agree to provide payment on a cash, credit card or check basis at the time my pet is discharged. In the event of an open balance, I agree to pay a monthly billing and financing fee equal to 1.5% of the unpaid balance. **Blackman Animal clinic is to use all reasonable precautions to safeguard my pet against injury, escape, or death. I understand that anesthesia involves some minimal risk to my pet and that Blackman Animal Clinic will not be held responsible for adverse reactions to anesthesia. I assume all responsibility.**

I would like a text message when my pet is in recovery. Yes  phone # \_\_\_\_\_ No

Or, Phone number(s) where I can be reached today. \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date