Royal Bay Veterinary Clinic
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CONSENT FORM

Dental Surgery / Anesthesia Consent Form

Client & Patient Details

Client Name:
Address:
Phone(s):

Pet's Name:
Species / Breed:
Age / Sex:

Procedure:

I, the undersigned, certify that I am the owner, or authorized agent for the owner, of the animal listed above. I authorize the doctors and staff of Royal Bay Veterinary Clinic to perform the procedures listed above and/or on the estimate provided for my animal. I also authorize the administration of pain-relieving, sedating, and anesthetizing medications, and necessary and appropriate medical, surgical, diagnostic, nursing, and emergency treatments for my animal. I have been advised of and understand the need for and potential risks of these procedures, and that no guarantees of treatment are made.

Royal Bay Veterinary Clinic offers the safest anesthetic and surgical procedures available for your pet. However, there is always an element of risk with any anesthetic procedure, and occasionally problems may occur during or after a medical or surgical procedure — for example mild nausea, adverse drug reactions, prolonged recovery due to organ problems, hemorrhage, and rarely death.

- [ ] I have read and understand the document regarding the risks of surgery and anesthesia.

Pre-anesthetic bloodwork

- ○ Yes, I would like pre-anesthetic bloodwork performed.
- ○ No, I would not like pre-anesthetic bloodwork performed, or it has already been done.

Decision-making on extractions

During dental procedures, we often don't know whether teeth require extraction until dental X-rays are completed. We always try to call to discuss these findings and get your permission before performing extractions. However, if we're unable to reach you, any delay can increase the risks associated with prolonged time under anesthesia.

If the veterinarian determines your pet needs a tooth extracted, and is unable to reach you by phone, would you prefer that:

- ○ Yes, the veterinarian shall proceed with the extraction.
- ○ No, the veterinarian should leave the tooth/teeth in question.

Emergency treatment authorization

In the event of a life-threatening emergency:

- ○ I authorize all necessary emergency treatments, including CPR.
- ○ I do NOT authorize CPR in the event of cardiac or respiratory arrest (DNR).

Cost Estimate

- ○ I have been given a written or verbal estimate.
- ○ I require an estimate for this procedure.
- [ ] I have read and understand this form and accept responsibility for payment of all charges incurred and services provided to my animal by Royal Bay Veterinary Clinic. I understand that payment for my pet's procedure is due prior to discharge.

Signature:

Date: