

Risinger Veterinary Hospital  
551 FM 148  
Terrell, Tx 75160  
972-563-3305

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

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_

Today's Phone Number: \_\_\_\_\_ Prefer text: Yes  No

**As the owner or agent of the owner of the above animal, I hereby give my consent to Risinger Veterinary Hospital to perform the following procedure:**

comprehensive oral health assessment and treatment including an anesthetized oral exam, dental radiographs, scaling, polishing, fluoride treatment, periodontal surgery, extractions.

*I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set forth above. I expect Risinger Veterinary Hospital to use reasonable care and judgment in performing the procedure. The nature of the procedure and risk involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedures will not relieve me from any obligation to all reasonable costs incurred regarding this animal.*

*Signature of Owner or Owner/Agent* \_\_\_\_\_

**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.**

*Signature of Owner or Owner/Agent* \_\_\_\_\_

**LABORATORY TEST WAIVER**

The above-mentioned dental procedure requires general anesthesia. Rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. We recommend that all of these cases be screened prior to anesthesia by means of the following laboratory tests. Please accept or waive these procedures by initialing and signing below.

Yes No

1. \_\_\_ \_\_\_ Complete Blood Count and 12 panel Internal Organ Function Screen
  2. \_\_\_ \_\_\_ IV Catheter and IV fluids
  3. \_\_\_ \_\_\_ Heartworm Test (dogs, if not currently on preventative)
  4. \_\_\_ \_\_\_ Fecal Test (dogs, if not currently on prevention)
  5. \_\_\_ \_\_\_ Post-OP Pain Management with take home medication
  6. \_\_\_ \_\_\_ Leukemia Test and F.I.V. (cats, if not tested within last year or vaccinated)
  7. \_\_\_ \_\_\_ Home Again Microchip
- Clind-oral local antibiotic treatment per tooth (only if needed)  
Consil graft treatment per location (only if needed)

\_\_\_ \_\_\_ **Would you like to be notified prior to extractions?** Please note that your pet is under general anesthesia during our phone call; therefore, provide a phone number you can be readily contacted on. Be assured that the veterinarian will only recommend extractions when in the best interest of your pet. **If you selected YES and we are unable to reach you** in a timely manner, would you like for us to recover your pet and schedule a future appointment for the recommended dental surgery or proceed with the best treatment option for your pet's dental disease while currently under anesthesia? (Circle one) **Recover Proceed**

*Signature of Owner or Owner/Agent* \_\_\_\_\_