



**OFFICE USE ONLY**

Weight \_\_\_\_\_

Was pet fasted? **Y / N**  
List ANY meds given this AM:  
\_\_\_\_\_

Vaccinations up to date? **Y / N**

Date \_\_\_\_\_

Pt. checked in by \_\_\_\_\_

**Concordia Veterinary Clinic**  
2 NE Tenth Street, PO Box 153, Concordia, MO 64020  
660-463-2332

**Dental Consent Form**

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date \_\_\_\_\_

Name and Phone Number(s) of the decision maker who can be reached today: \_\_\_\_\_  
*Please list the phone number of the person who needs to be contacted regarding decisions for care and updates. It is imperative that we can reach this person in a timely manner while your pet is at the clinic today. Please have the phone listed above available and be free to talk if needed.*

Do you know of any allergic reactions or pre-existing health problems your pet has? Please circle **YES** **NO**  
If yes, please explain. \_\_\_\_\_

**Pets entering the clinic who have external parasites (fleas and ticks) will be treated at the owner's expense.**

**Vaccinations:**

For the safety of all patients in the clinic surgery ward,  
ALL DOGS must have verifiable current status of Rabies and Parvo/Distemper immunizations.  
ALL CATS must have verifiable current status of Rabies and Feline Distemper/Leukemia immunizations.  
*\*Immunizations that cannot be verified at the time of admission will be given to the pet at the owner's expense.*

**PLEASE READ CAREFULLY:**

**Dental Exam and Cleaning:**

During an *awake* oral exam, many factors such as lack of patient cooperation and dental tartar on teeth limit our ability to detect dental problems your pet may have. When any dental procedure is performed, it is important to know the degree of periodontal disease, which is best assessed when the patient is under anesthesia. After the teeth are thoroughly cleaned, rinsed, polished, and treated with fluoride, we examine every part of the patient's mouth and any abnormalities are assessed. At this time, diseased teeth are often found which may require extraction. Severe health conditions, such as heart disease, can result from tooth infections left untreated. Often the best treatment for severely infected teeth is extracting them.

*We do not perform dental x-rays at this clinic. If you prefer to have dental x-rays performed as part of your pet's dental exam and cleaning, please consult with the veterinarian regarding a referral to a specialist prior to the performance of dental procedure.*

**Pre-Anesthetic Screen**

Advances in anesthesia have made routine procedures requiring anesthesia relatively safe, with a low rate of complications. Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. To provide the best level of care for your pet we perform blood work prior to anesthesia which helps to reduce your pet's risk under anesthesia. Nevertheless, occasional problems may arise due to pre-existing conditions not evident during pre-surgical examinations. There are risks inherent in the use of anesthetics which can include allergic reactions, disability, longer than normal recovery time, and death.

**Cardiac Arrest:** In the event of Cardiac Arrest would you like CPR performed on your pet? Please circle **YES** **NO**  
Efforts may include Oxygen, Epinephrine, and Chest Compression.  
Estimated cost is **\$25.00 - \$60.00**

**Extractions:**

The cost for oral surgery can vary, depending on the kind of extractions and how many extractions are needed. Extraction fees vary in price, up to \$32.00 per tooth. Please note that the decision to extract teeth cannot be made until your pet is under anesthesia and the cleaning has already been done.

**CONTINUED ON BACK**

We do not want to keep your pet under anesthesia any longer than absolutely necessary, so prior authorization is beneficial to your pet. Of course we will only do an extraction procedure if it is medically necessary and in the best interest of the patient.

**Please initial only ONE authorization choice.**

\_\_\_\_\_ I authorize all medically necessary extractions be performed. *\*I understand that extractions are an additional charge and I am financially responsible for payment in full.*

\_\_\_\_\_ I want to be called if extractions are needed. If I cannot be contacted by phone on the first attempt, I **DO NOT** authorize any extractions to be performed.

*\*I understand that if I decline any needed extractions at this time, my pet would need a second anesthesia at another time in order for those extractions to be performed.\**

\_\_\_\_\_ I want to be called if extractions are needed. If I cannot be contacted by phone on the first attempt, I **DO** authorize any extractions to be performed. *\*I understand that extractions are an additional charge and I am financially responsible for payment in full.*

**Additional Services**

While your pet is in the clinic, would you like any of the following additional services? If nothing is marked, you are declining these tests or services.

- Toe Nail Trim **COMPLIMENTARY**     Ear Cleaning **\$17.00**     Fecal Analysis **\$13.40**     Anal Glands **\$15.50**
- Heartworm Test **\$13.00**     Feline Leukemia and Immunodeficiency Viruses Test **\$40.10**

Please list any additional treatments you would like to have done while your pet is here.

(Additional charges may apply.) \_\_\_\_\_

**Microchip:**

We can implant a microchip on your pet for an ID that cannot get lost. This simple procedure can be performed while your pet is here today.

Does your pet have a microchip? Please circle **YES**                      **NO**  
Would you like a microchip implanted today? **\$39.50** Please circle **YES**                      **NO**

**Please indicate your understanding and agreement by providing your initials before each statement below:**

\_\_\_\_\_ The veterinarian has described the procedures identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures.

\_\_\_\_\_ I hereby authorize anesthesia/oral surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Concordia Veterinary Clinic provides high quality anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I understand that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Concordia Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise.

**Payment for veterinary services is expected at the time services are provided or upon release.**

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above listed animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all charges when the animal is released from the clinic. I understand the Concordia Veterinary Clinic will use reasonable precautions to assure my animal's safety while it is in the clinic care, but I will not hold Concordia Veterinary Clinic responsible if my pet should injure itself, escape, fail to eat, become ill, or die. I authorize Concordia Veterinary Clinic doctors and staff to perform procedures and absolve the clinic and it's staff of all liability arising from the performance of procedures herein. I have reviewed the information and statements above and agree to these policies and procedures.

Signed \_\_\_\_\_ Date \_\_\_\_\_