

Dental Consent Form

I hereby consent to the dental procedure discussed with the doctors and/or staff of the Countryside Animal Clinic, Inc. I understand that certain procedures such as general anesthesia, surgery, dental procedures, medical treatments, and manual restraint involve some degree of risk and that unexpected complications or death may result. I agree to hold Countryside Animal Clinic, Inc. and its doctors and staff harmless in the event that such loss or complications occur. I understand that responsibility for the payment for services provided in this office, is mine due and payable at the time services are rendered unless prior financial arrangements have been made. I further understand that a finance charge of 1.5% monthly which equates to 18% interest annually will be charged to any balance over 30 days past due. Also a \$3.00 monthly billing fee will be added to accounts over 30 days past due. In the event that the account is overdue I promise to pay court costs and reasonable attorney fees in order to collect the balance.

Estimates for basic dental procedures usually range between \$125-150. Extractions can cost more if they have to be done surgically. Check one of the following.

_____ I agree to all the extractions that Dr. Lortie recommends and agree to pay the additional fees.

_____ I request that Dr. Lortie call me prior to doing surgical extractions that will add to the fees. If I cannot be reached by the phone number provided below I agree to allow Dr. Lortie to proceed as she sees fit.

_____ I request that Dr. Lortie call me prior to doing surgical extractions that will add to the fees. If I cannot be reached by the phone number provided below Dr. Lortie will not perform any surgical extractions. I also understand that delaying these procedures will involve further costs and risks associated with anesthesia at another time.

Non-surgical extractions will be done on loose or severely infected teeth as part of the dental procedure and do not incur additional costs. If you want to be notified prior to these extractions please check here _____. If you cannot be reached we will do these extractions.

In case we need to reach you for questions please provide the best daytime phone#:

Phone: _____ Animal's Name: _____

Signature: _____ Date: _____

___ Check if you would like a text message at the number provided to the left once your animal is out of surgery

Although it is not required for your pet to go under anesthesia, we do recommend that your pet have pre-anesthetic bloodwork done prior to anesthesia. This bloodwork checks, kidney, liver, and blood glucose values. The cost of this service is \$39.00. Would you like us to run pre-anesthetic bloodwork for your pet?

Yes _____ No _____

It is our goal to keep all of our patients as comfortable and pain-free as possible during their hospital stay. In addition, you may choose for your pet to receive an additional "pain shot" at the time of discharge. Dogs will also get a two-day supply of pain medication for you to administer orally at home. The cost of this additional medication depends on the size of your animal. It will range from \$8 to \$20. Would you like this service? Yes _____ No _____

Would you like your pet's nails trimmed while under anesthesia? The cost is \$5.

Yes _____ No _____

Thank you very much for allowing us to participate in your pet's health care. We will do all we can to ensure the best possible outcome.
Doctors and Staff of Countryside Animal Clinic