



Rev. 08/01/2024

PATIENT NAME AGE BREED
CLIENT NAME AND LAST NAME:

I, the owner or owner's agent, consent and authorize the staff at Breckinridge Park Animal Hospital, to perform the following procedures on my pet. I also understand that an estimate of the costs will be provided to me at my request and I will be responsible for all fees at the time of discharge.

Anesthesia & Surgery General Statement: I understand that some risks always exist with anesthesia and/or surgery and I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated.

Pre-Procedure Laboratory Evaluations: In order to reduce the risk of anesthesia, we strongly recommend lab work be done prior to the procedure. Complete chemistry profiles are required for all pets over 7 years of age undergoing general anesthesia.

See cost on estimate (young health panel in house or full panel in house) **YES** ☐ **NO** ☐

Microchip: I would like my pet microchip implanted. \$67.75 (includes activation and registration)
YES ☐ **NO** ☐

Surgical, treatment and/or Diagnostics to be performed:

1: _____ 3: _____
2: _____ 4: _____

General Questions: 1. Are there any known drug allergies **YES** ☐ **NO** ☐
2. If yes, please list: _____
3. List any current medications: _____

Signature: **Date:**

☐ **Phone** () **How do you wish to be contacted today:**
☐ **E-mail:**
☐ **Text:** Mobile number: ()
☐ **Address:**

PATIENT NAME AGE BREED
CLIENT NAME AND LAST NAME:

If your pet is schedule for Dental cleaning, please fill the following questions

Routine dental cleanings include an oral exam by a doctor, cleaning, polishing, and fluoride treatment of the teeth while under general anesthesia. In many cases of dental disease, extraction of the diseased teeth is necessary to prevent further infection and pain. We require your prior consent and extractions will result in additional fees based on the time involved. We try our best to anticipate necessary extractions, but adequate visualization of all teeth is not always possible until after anesthesia and radiographs.

Please note: Extractions can range \$50-240 per tooth with pain medications and antibiotics if indicated.

Please choose and initial next to **ONE of the following options:**

☐ Perform any necessary extractions at this time. I understand my pet will be started on antibiotics and pain medication.

☐ I agree to assume financial responsibility for these and any additional charges.

☐ Call me before performing any extractions and provide an estimate of any additional procedures. **Do not proceed without authorization.** You can reach me at () .

☐ I understand that if I cannot be contacted at this number no extractions will be performed and I assume all responsibility for any complications this decision may cause for my pet. I also understand that if I decide to have these additional services done later, I have to schedule for a different appointment with separate charges, including anesthetic fees.

☐ Do not perform any extractions.

☐ I assume all responsibility for any complications this decision may cause for my pet. I also understand that if I decide to have these additional services done later, I have to schedule for a different appointment with separate charges, including anesthetic fees.