OSPIKA ANIMAL HOSPITAL

Anesthesia and Dental Treatment Consent Form

Owner's Name: _____Animal's name:_____

Date:_____Surgery to be performed: _____

I certify that I own the above described animal and I do hereby consent and authorize Ospika Animal Hospital and its staff to perform the following procedures:

I certify that no guarantee or assurance has been made regarding the results that may be obtained.
Please indicate which, if any, of the following apply:

☐decrease in appetite?
☐increase in thirst?
☐vomit/and/or diarrhea?
☐decrease in energy level?
☐unwilling to jump, run or climb stairs?
☐coughing?
☐history of any possible recent trauma?
☐any previous allergic reactions?
☐P**atient has not eaten since last night?**

A physical exam alone may not identify all health problems, ***it is strongly recommended that a comprehensive blood profile be performed prior to anaesthesia*** to identify any existing conditions that could complicate the procedure and compromise your pet's health and recovery. A blood panel does not guarantee the absence of complications but may reduce the risks and identify any medical conditions that could require future medical treatment. The cost is $198.00 and includes chemistry, complete blood count, electrolytes and blood collection. I agree to this test being performed on my pet. **Yes / No**

Please Check one of the following below:
On occasion, additional problems may be found that could require treatment while your pet is in hospital
☐Please call before performing any additional treatments or surgery. If I am unavailable at the number indicated below, I request that **ALL NECESSARY TREATMENTS BE PERFORMED**,and I accept any extra charges incurred.

☐**PERFORM ANY NECESSARY TREATMENTS REQUIRED**. I accept any extra charges incurred furthermore, I assume financial responsibility for charges incurred to the patient.

The estimated cost of the procedure(s) described to me will be in the range of $ _____ to $_____. I understand this is just an estimate and the final bill may be more or less than this estimate.

Email Address for Pre and Post Dental pictures and instructions: _____

Signature: _____
Between 8:30 am and 5:00 pm I can be reached at ( ) _____