

Bellingham Animal Hospital, PC
112 Mendon St Bellingham, MA 02019
DENTAL CONSENT FORM

Owner: _____ Date: _____
Address: _____

Phone(s): _____

Patient: _____
Date of Birth: _____
Breed: _____
Sex: _____
Color: _____

Main Reason For Admittance: **DENTAL CLEANING / POSSIBLE EXTRACTIONS**

I am the owner or agent for the above described animal and have the authority to execute this consent. I hereby authorize and direct the veterinarians of Bellingham Animal Hospital, PC to perform the procedures and additional diagnostic and/or treatment procedures as deemed advisable and or necessary for my pet, Walk-IN. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I fully understand that there are risks involved with such procedures and that unforeseen conditions may be found that necessitate an extension of those procedures and/or different procedure(s) than those set forth.

I authorize the use of appropriate anesthetics and other medication. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications of otherwise unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. **All Services are strictly cash, credit card, or check and Must Be Paid Before Walk-IN Is Released. Some Procedures Require A Deposit Be Made Before Surgery.**

We recommend intravenous fluids during the surgery to maintain blood pressure and ensure Walk-IN's post surgery comfort. We offer this service to our surgical/anesthetic clients at the cost of approximately **\$150**.

I have read, understand, and agree to the above terms and acknowledge that blood work may
 Yes or fluids may be administered, depending up my pet's age and risk factors.
you like your pet to receive IV Fluids during surgery?

No

Owner's Signature: _____

Date: ____/____/____

Phone number(s) where you can be reached _____