

Bellingham Animal Hospital, PC
112 Mendon St Bellingham, MA 02019

STANDARD CONSENT FORM

Owner: _____
Patient: _____

Date: _____

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

Additional Information:

Your pet is scheduled for surgery and/or anesthesia. Using the latest technology and techniques, our medical staff will take every precaution to ensure that your pet is safe and comfortable while under our care. In order for our hospital to minimize the risks to your pet during this procedure, it is important for us to perform pre-anesthetic blood tests. These tests will help our staff assess any underlying health concerns that might affect the outcome of your pet's procedure, including kidney or liver disorders, hydration status, blood volume, sub clinical infection, and blood sugar levels. Based on these findings, our staff will be able to ensure that your pet's procedure is completed in the safest possible manner. In order to obtain the greatest medical value from these tests, they will be performed just moments prior to your animal's procedure. If problems are detected on these lab panels, we will notify you before proceeding with any surgery/anesthetic procedure. We offer this service to our surgical/anesthetic clients at the cost of up to **\$150.00**, depending on age and health status of your pet. Lab work for dogs and cats greater than 9 years of age is strongly recommended

Accept (initial Accept of Decline)

Please perform these blood tests on my pet prior to surgery/anesthesia.

Decline

I understand that these blood tests may detect certain health conditions that can adversely affect the outcome of surgery/anesthesia, but I choose to decline these tests performed and assume full responsibility for any increased risk to

OraVet Barrier Sealant is an application that we offer with all dental procedures. **OraVet** creates an invisible barrier that prevents plaque and tartar forming bacteria from attaching to the teeth. In order for this product to be more effective, weekly applications at home will need to follow the initial application.

Accept (initial Accept of Decline)

Please apply Oravet to Walk-IN's teeth after the dental procedure.

Decline

I am not interested in OraVet at this time.

Would you also like to purchase a home kit to continue weekly OraVet applications for Walk-IN?