



**Anesthesia / Dental Consent Form**

**Owner's Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Today's Contact Phone Number:** \_\_\_\_\_

If we cannot reach you by phone, name and phone number of a person authorized to approve treatment in case of emergency: \_\_\_\_\_

As the owner or agent of the owner of the above animal, I hereby give my consent to Pacifica Pet Hospital to perform the following procedures which includes the use of anesthesia on my pet:

\_\_\_\_\_  
\_\_\_\_\_

I understand that during the performance of the anesthetic procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Pacifica Pet Hospital to use reasonable care and judgment in performing the procedure(s). I am aware of the risks of the above anesthetic procedure(s) and realize that results cannot be guaranteed. I do not hold Pacifica Pet Hospital responsible nor liable should any complications including death occur. I am also aware that unforeseen events or complications resulting from the anesthetic procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal

\_\_\_\_\_Initial

I understand that dental cleanings and or treatments may range from **\$400~\$800** depending on the age of my animal and any necessary precautions that need to be performed before the dental such as blood work, I.V. catheter, I.V. fluids, etc. to ensure my pet's safety and well-being at the doctor's discretion.

\_\_\_\_\_Initial

I also understand that extractions may be performed with an **additional charge**, extractions are performed when deemed necessary by the doctor: (please check one below)

I am authorizing the doctors to perform any necessary extractions

OR <

I want to be called before any extractions are to be performed

**I understand that if I am unable to be reached at this phone # the doctor will perform any necessary extractions.**

**Signature of Owner :**

(or authorized representative) \_\_\_\_\_ **Date:** \_\_\_\_\_