



Authorization for Anesthesia, Surgery, and/or Dental Procedures

Client ID:	Patient ID:
Client Name:	Name:
Address:	Species:
	Breed:
	Sex:
Telephone:	Color:
Alternative Phone:	Markings:
	Birth Date:

The following procedures are scheduled to be performed under general anesthesia:

- The following surgical procedure:
- Diagnostic procedures, wound care, bandaging, suture removal, or grooming
- Dental cleaning and other dental work as deemed necessary by the doctor.

I have been informed that my pet is in need of preventive or therapeutic dental care and I consent to appropriate care as deemed necessary by the doctor, which may include but is not limited to: 1) dental cleaning and polishing, 2) tooth extractions, 3) gingival flap surgery to close gaps left by extractions, 4) dental radiographs, 5) surgical stabilization of fractures that have been caused by severely diseased bone that surrounds the teeth (pathologic fractures).

I understand that examinations under anesthesia often reveal more severe dental disease than is evident in the awake patient, and that the procedures undertaken are based upon treating and preventing ongoing oral pain, discomfort, or infection of the gums and/or surrounding bone.

Other procedures that may be performed under sedation:

- Nail Trim Anal Gland Expression Fluoride Treatment *Pets under 1 year
- Home Again Microchip Implantation Hydrosurge Bath

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at Dickinson Animal Hospital to perform the above procedures(s). I understand that some risks always exist with anesthesia and surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet.
- Sufficient details of the procedures to understand what will be performed.
- How fully my pet is expected to recover and how long it will take.
- The most common and serious complications.
- The length of time and type of follow-up care and home restraint required.
- The estimate of the fees for all services.
- Any necessary payment arrangements.



While I accept that all procedures will be performed to the best of the abilities of the staff of this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to assume financial responsibility for all fees incurred, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. I am aware a \$30.00 fee will be added to any insufficient or uncollectible accounts. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services.

Phone number I may be reached during business hours: _____

I have read and fully understand the terms and conditions set forth above.

Signature of owner or agent:

Date:
