



COMMUNITY
ANIMAL HOSPITAL

15 Clews Street • Shrewsbury, MA 01545
ph: 508.753.7077 • fax: 508.753.2150
www.cahvets.com

Informed Consent

Date: _____

Owner's Name: _____

Client Number: _____

Patient's Name: _____

Dentistry Consent Form

*To make your pet's dental procedure as safe as possible,
please take a few minutes to review and complete this consent form.*

Providing Safer Anesthesia

We care about your pet's safety and comfort during any procedure requiring sedation or anesthesia.

As with any procedure requiring sedation or anesthesia, serious complications or even death can result. All patients may receive the following

1. Anesthetic safety screening lab tests (cost varies)
2. Intravenous catheter and fluid therapy to maintain blood pressure
3. State-of-the-art monitoring with pulse oximetry, electrocardiography, and blood pressure monitors
4. Antibiotics (if needed) (cost varies)
5. Pain medication (if needed) (cost varies)

The patient has had food and water withheld since midnight last night.

Yes No

Antibiotics: If necessary, which type of antibiotics do you prefer to give your pet?

Liquid Tablet Convenia Injection

Microchips save lives

We recommend implanting microchips in case pets are lost or stolen. This is a permanent identification that your pet can never lose, alter or damage. Animal shelters nationwide routinely scan all pets they receive. I would like to have the recommended microchip implanted in my pet.

Yes No

Owner's
signature _____

Consent for tooth extraction:

In pets with periodontal disease it may be necessary to extract diseased teeth to further prevent pain and infection. We require prior consent to tooth extraction.

I authorize extraction of diseased teeth

Yes No

Owner's signature _____

If prior consent is not given, we will attempt to contact you at the phone number(s) provided to discuss our oral exam findings and recommendations. In the event that you can't be reached please indicate which course of action you prefer.

Extract diseased teeth based on Doctor recommendations

Leave diseased teeth; recover patient from anesthesia and reschedule procedure for another day. This option will result in additional charges for second procedure.

Owner Release

I am the owner or agent for the owner of the above animal and have the authority to execute this consent. I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth. I expect Community Animal Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal.

Owner's signature _____

Date _____

Phone number where we can reach you at any time during the procedure.
