

(Office use only) Animal ID #:
Date:

Dental Anesthetic Form

Your First Name _____ Your Last Name _____ Circle One: CAT DOG OTHER

Your Pet's Name _____ Pet's date of birth _____ Circle One: MALE FEMALE

Pet's Breed _____ Pet's Color _____

Address _____ City _____ State _____ ZIP _____

Phone Number (where we can reach you TODAY) _____ Alternate Phone Number _____

Email Address _____

The Humane Society of Huron Valley uses qualified staff & approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and ensure you understand the following before signing your name:

I, acting as owner or agent of the pet named above, hereby request and authorize the Humane Society of Huron Valley, through whomever veterinarians they may designate, to perform an operation for a dental cleaning and potential teeth extractions of the animal named on the above portion of this form.

INITIAL BELOW

- ____ I understand that the operation or procedure presents some hazards and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure and some risk in the use of anesthetics and drugs provided for the procedure.
- ____ I understand that some factors significantly increase surgical risk, including but not limited to: diseases such as Feline Immunodeficiency Virus (FIV), Feline Leukemia Virus (FeLV), obesity, and heartworms or heart disease.
- ____ I understand that the HSHV Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk.
- ____ I either certify that my animal has been vaccinated within 1 year prior to this date, or request recommended/required vaccinations at the time of surgery. I understand that it takes up to 2 weeks for vaccinations to protect my animal. I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure.
- ____ I understand that if my pet develops kennel cough or URI after surgery, I am responsible for treatment at my own cost.
- ____ I understand that it is in my animal's best interest to have blood work performed and that a chemistry panel is **REQUIRED** for animals that are 7 years and older.
- ____ I certify that my animal has had no food since 12:00 midnight the evening prior to surgery.
- ____ I understand that my animal will receive a free toe nail trim while under sedation unless I request otherwise.
- ____ I understand that if live fleas are found on my animal I will be charged a \$5 fee (at time of pickup) for Capstar medication given to keep the surgical site sterile and free of fleas.
- ____ I understand that tooth extractions will be performed as deemed medically necessary by the dental surgeon today and the final number of extractions may differ from the amount anticipated at the time of the dental consultation
- ____ I understand that due to the increased risk of prolonged anesthesia time, HSHV will not call me while my animal is sedated to get tooth extractions approved and I will be responsible for any costs associated with the procedure

I hereby release the Humane Society of Huron Valley, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such procedure of such animal or any consequences related thereto. Owner/ agent hereby agrees to indemnify and hold Humane Society of Huron Valley harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

Requested Vaccines and Services OR **I HAVE PROOF OF CURRENT RABIES AND DISTEMPER VACCINATIONS**

<p>Dogs:</p> <input type="checkbox"/> Rabies 1 Year \$30* <input type="checkbox"/> Rabies 3 Year \$35* <input type="checkbox"/> Distemper booster or 1 year \$25* <input type="checkbox"/> Distemper 3 Year \$35* <input type="checkbox"/> Leptospirosis booster or 1 year \$25 (or \$0 w/Distemper) <input type="checkbox"/> Bordetella (Kennel cough) \$30 <input type="checkbox"/> Canine Flu booster or 1 year \$30 <input type="checkbox"/> Microchip \$30	<p>Cats:</p> <input type="checkbox"/> Heartworm Test (Dogs) \$35 <input type="checkbox"/> Rabies PureVax 1yr \$35* <input type="checkbox"/> Distemper booster or 1 year \$25* <input type="checkbox"/> Distemper 3 Year \$35* <input type="checkbox"/> FeLV PureVax booster or 1 year \$35** <input type="checkbox"/> FeLV/FIV/HWT Test \$35 <input type="checkbox"/> Microchip \$30	<p>Bloodwork: (required on animals 7 years or older OR large breed dogs 4 years and older)</p> <input type="checkbox"/> Full Chemistry Panel \$125 <input type="checkbox"/> Pre-Anesthetic Panel \$100 <input type="checkbox"/> Decline _____ (Initial if decline) <input type="checkbox"/> Bloodwork has been done in the last 6 months and I have records
---	---	--

* required service w/out proof of vaccination **A negative test is required before administration

 I would like to donate to help keep surgeries affordable and save lives in my community \$ _____

SIGNATURE _____

DATE _____



HSHV Dental Product Consent Form

Pet Name: _____ Animal ID Number: _____

For Cats and Dogs

OraVet Sealant (\$30):

OraVet Sealant is a protective coating applied to an animal's teeth while under anesthesia to help prevent buildup of plaque and calculus.

- Yes, I would like OraVet Sealant applied to my pet's teeth today
- No, I would NOT like OraVet Sealant applied to my pet's teeth today

Dogs Only

Doxirobe Gel (\$85) This product is only labeled for use in dogs.:

Doxirobe Gel is an antibiotic gel administered while an animal is under anesthesia. It aids in healing of deep pocketing around teeth and can prevent the need for tooth extractions under certain circumstances.

- Yes, I would like Doxirobe Gel applied to my pet's teeth today if the vet deems it appropriate
- No, I would NOT like Doxirobe Gel applied to my pet's teeth today

Owner Signature: _____ Date: _____