



Patient: _____ Date: _____

Owner: _____ Procedure: _____

I, the undersigned owner or agent of the pet identified above, authorize the veterinarian(s) at Frisco West Animal Medical Center FWAMC to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or dental prophylaxis, and that I am encouraged to discuss any concerns I have about those risks with the FWAMC attending veterinarian before the procedures are initiated.

-In an effort to provide the best care available for your pet, we offer pre-anesthetic blood work to help insure your loved one will not have any adverse effects from the anesthetic.

Yes, I would like to ensure my pet does not have any pre-existing health problems that might adversely effect the anesthesia. – \$79.75

No, I do not wish to have any blood work performed on my pet or blood work was last performed on: _____.

-Dental radiographs are one of the most important diagnostic tools available. They allow the internal anatomy of the teeth, the roots and the bone that surrounds the roots to be examined. All animals will benefit from full mouth X-rays for a complete oral evaluation of your pet's mouth.

Yes, I authorize full mouth radiographs. – \$125.79

Yes, I authorize any teeth that are compromised to be radiographed. – initial radiograph – \$40.50; additional radiographs \$21.51 each

No, I do not authorize radiographs.

-The attending FWAMC Veterinarian may determine that some teeth have been compromised and therefore should be extracted. Radiographs will be required on all teeth that must be extracted.

Yes, I authorize the attending FWAMC Veterinarian to remove any teeth he/she feels need to be extracted.

No, I do not authorize recommended tooth extractions.

Microchip Yes No Nail Trim Yes No

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I understand that any prices quoted for such procedures are not non-complicated operations and that any unforeseen complications may results in further cost. I assume financial responsibility for all charges incurred to patient, and I consent to the release of medical information for the said animal.

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

Owner Signature _____ Date _____

Phone Number(s) _____