

DENTAL SURGERY DROP – OFF FORM

1. Has your pet had any new problems since their last visit?

2. Does your pet have any allergies? Yes to what? _____ No

SURGERY

- ◇ Initial _____ I understand that if my pet is not current on flea control an additional charge will be added for flea elimination while my animal is in the care of Peninsula Pet Clinic.
- ◇ Initial _____ My pet has not had any food past midnight, or any medications like aspirin etc.
- ◇ Initial _____ I understand that older pets that may have complications need to have an I.V catheter placed in case of emergency care is needed while under anesthesia which is an additional fee.
- ◇ Initial _____ I understand that there may be a difficult animal handling fee for any pets potentially harmful to themselves or to staff members.
- ◇ Initial _____ I will provide a phone number I can be reached at throughout the day, in the event that I can not be reached I authorize Dr. Ceman and Assoc. to provide any necessary life saving treatments and I will accept all financial responsibility for any charges on behalf of my pet.
- ◇ Initial _____ I authorize Dr. Ceman and Assoc. to remove any diseased teeth during my pets dental.
- ◇ Initial _____ I understand that my pet is required to have had vaccines within the last 12 months. If my pet is not current on vaccines I authorize Dr. Ceman and Assoc. to administer hospital required vaccinations.
- ◇ Initial _____ I understand that in most cases antibiotics and pain medicine may be prescribed for my pet to continue home care treatments to prevent pain and infections, which will be an additional cost.

PRE-OP BLOOD WORK

- PRE – OP MINI BLOOD PANEL (for pets 0-6 years old) YES NO
- PRE – OP GENERAL HEALTH FULL BLOOD PANEL (for pets 7 years and older) YES NO

I DECLINE ANY PRE-OPERATIVE BLOOD WORK:

Please proceed with anesthesia, I understand there are certain complications which cannot be identified by examination only and that my pets health may be at risk, if such a condition goes undetected and my pet is placed under anesthesia..... Initial _____

PLEASE PROVIDE ADDITIONAL SERVICES TO MY PET: (OPTIONAL)

FLEA CONTROL	BATH	DENTAL CLEANING POLISHING	VACCINATIONS
GROOMING	ANAL GLAND EXPRESS	FECAL (Stool test)	TOE NAIL TRIM
DEWORMING	EAR CLEANING	XRAYS	OTHER _____

Telephone # (where and what time period you can be reached).

Home #

I the owner / responsible party, herby give authorization to conduct an evaluation as to the health status of my pet, in addition, I consent to the administration of such procedure/ treatment/ medication/surgical (anesthetics/sedatives included) deemed diagnostically and or therapeutically necessary on the basis of findings during the course of this evaluation. I herby certify that I have read and fully understand the above authorization, Further, I assume financial responsibility for any and all charges incurred.

Veterinary service during nighttime hours and/or weekends is provided at the discretion of the veterinarian in charge. Continuous presence of personal may not be provided during these hours. Title 16. MWA 4. Practice Section 2030. Min. Standards. I understand that my pet does not have 24 hours care at Peninsula Pet Clinic.

◇ Signature _____ Date: _____