

PATIENT	SPECIES	AGE	OWNER
SEX	BREED	ADDR	
COLOR	MARK		
ID	RABIES	CHIP	PHONE

Anesthetic and surgical procedures to be performed:
 (Please indicate any additional treatments or procedures to be performed on your pet while in our care)

_____ Weight Today: _____
 _____ Last Weight: _____

1. My pet is up to date on Core Vaccinations (dogs and cats) and bordetella (dogs only)
 _____ Yes
 _____ No (Core Vaccinations and Bordetella are required for hospitalization)

2. In 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. All animals will benefit from the blood work, and we require this for all surgeries to provide the best quality of care to your patient.

3. Pain management to include, but not limited to

Comprehensive: 24 hour pain injection after surgery, Companion Laser Therapy to reduce post-operative swelling and pain, and oral pain medication for your pet to go home.

4. Please indicate the level of care you wish your pet to receive.

_____ Preventative Dental Procedure: Complete oral examination, scaling and polishing of the teeth (no extractions), and full mouth of dental x-rays.

- I would _____ would not _____ like Sanos Dental Sealant applied during today's visit to extend the benefits of the dental cleaning for up to 6 months. *Additional costs apply*

- I would _____ would not _____ like to treat periodontal infection if found in my pet.

Additional costs apply

_____ Targeted Therapy: Complete oral examination, scaling and polishing of the teeth, full-mouth dental x-rays, and performance of specific procedure indicated on pre-surgical estimate.

_____ COHAT (Comprehensive Oral Health Assessment and Treatment): Complete oral examination, scaling and polishing of the teeth, full-mouth dental x-rays, and completion of all dental procedures indicated.

* Regardless of dental procedure indicated, some extractions may need to be staged for the safety of your pet*
 Without consent, the agreed upon estimate will not be exceeded. We will call following exam and x-rays should the estimate need to be modified.

I, the undersigned owner or agent of the pet identified above, authorize the veterinarians at Valley Center Veterinary Clinic to perform the above procedures. I understand that some risks always exist with anesthesia and/or surgery, and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarians before the procedures are initiated

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 for non-complicated operations and that any unforeseen complications may result 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.

 Signature of Owner or Authorized Agent

 Date

 Phone numbers at which owner or agent can be reached today and/or tomorrow

I understand that if an after-hours post operative, or post hospitalized emergency occurs I will need to take my pet to the Emergency and Specialty Hospital of Wichita (316-262-5321) for evaluation. _____ Initial