



40 Recreation Park Drive  
Hingham, Ma 02043  
781-749-2800  
www.olderbyah.com

Owner's Name:  
Address:  
Pet's Name:  
Breed:

Date of Birth:  
Weight:

Color:

As owner of the above animal, I authorize the Old Derby Animal Hospital staff to anesthetize my pet today to perform a dental and/or oral surgery services. I understand that some risk is present with any procedure or medication and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. I understand that by consenting to this procedure I am financially responsible for all associated fees.

To minimize risk of anesthesia and to preliminarily assess your pet's current oral health, all patients must have a comprehensive physical examination within six months of the scheduled procedure. If not already done, a pre-surgical laboratory evaluation (Chemistry & CBC) will be completed prior to your pet's procedure.

In situations where additional unanticipated services are required, we will make every effort to contact you for authorization. If your pet is under anesthesia and you cannot be reached, the veterinarian will use his/her best judgment and complete the procedure to minimize risk to the pet.

Dental procedures for animals require the use of anesthesia to fully visualize the gums, teeth, and oral cavity. While we do our best to estimate the total bill for anticipated treatment; the oral examination under anesthesia may reveal additional problems that have not been previously visualized- such as loose, fractured or abscessed teeth. These additional problems may add to or alter the original treatment plan for your pet, thus altering the estimated charges. Please let us know how you would like us to proceed if the oral examination of your pet is completed and additional problems have been diagnosed. If you request us to contact you, please understand that we will be doing so *while your pet is anesthetized*.

**Please Initial Next to One of the Options Below:**

Repair or extract teeth or perform additional procedures as medically indicated. I understand that in order to determine the health of my pets' teeth, dental radiographs may be necessary. I do not need to be contacted first and I understand that additional dental work (which has not already been estimated for) may result in a total bill that is higher than my original estimate.

Do not repair teeth or perform any extractions without contacting me first. I understand that the Doctor or Veterinary Technician will make one call and that my pet will be anesthetized when you call. If I do not answer your call, my pet will be recovered from anesthesia without the needed treatment being performed. A separate procedure, if performed in the future, would be an additional cost to me.

Are there any non-dentistry services which you would like performed while your pet is here today? Appropriate fees will be charged.

I, \_\_\_\_\_, have read, understand and consent to the statements above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is imperative that we be able to contact you or another authorized decision maker during the day of your pet's procedure. Please provide two contact numbers to be utilized in the event that we need to reach you to discuss your pet's care.**

Phone #1

Phone #2