



DENTAL CONSENT FORM (COHAT)

P.O. Box 149 Calhan, CO 80808 (719) 347-2702

DATE _____

OWNER'S NAME _____

ADDRESS _____

TELEPHONE (home) _____ (work) _____

PET'S NAME _____

AGE _____ SEX _____ BREED _____

SPECIES: (circle one) **CANINE** **FELINE**

I, BEING RESPONSIBLE FOR THE ABOVE DESCRIBED ANIMAL, HAVE THE AUTHORITY TO GRANT YOU MY CONSENT TO RECEIVE PRESCRIBE FOR, TREAT AND/OR OPERATE ON MY PET. I UNDERSTAND THE SURGERY OR TREATMENT CONTEMPLATED IS:

Comprehensive Oral Health Assessment and Treatment

Blood chemistry tests give us an inside look at your pet's vital organs and let us know if they are functioning normally. Such tests are especially important before any kind of surgery. Our laboratory is fully equipped and staffed to perform these important tests. Results will be available immediately to review before anesthesia. An aging pet's organs will gradually deteriorate and may lose their ability to function properly. Routine preventative testing for early detection allows us to help your pet live a longer, healthier, happier life. These tests give us a look at your pet's overall health status, from liver and kidney function to oxygen carrying capacity.

Comprehensive Profile: (12 chemistry panel-ALKP, ALT, BUN, CRE, GLU, TP, AMY, PHOS, NA+, K+, GLOB, TBIL) Assure proper liver & kidney function as well as minor electrolytes.

IV Catheter/ Fluids

Because we monitor the blood pressure during all anesthesia procedures, we would like to insert an IV catheter and administer fluids. This enables us to maintain good blood pressure levels throughout the procedure.

My pet has received the following medications in the last week: _____

REASONABLE PRECAUTION WILL BE USED AGAINST INJURY, ESCAPE, OR DEATH OF YOUR PET. THE CLINIC AND STAFF WILL NOT BE HELD LIABLE FOR PROBLEMS THAT DEVELOP PROVIDED REASONABLE CARE AND PRECAUTIONS ARE FOLLOWED. I UNDERSTAND ANY PROBLEM THAT DEVELOPS WITH MY PET WILL BE TREATED AS DEEMED BEST BY THE STAFF AND VETERINARIAN(S) AND I ASSUME FULL RESPONSIBILITY FOR THE TREATMENT AND EXPENSE INVOLVED. I AGREE TO PAY FOR SERVICES RENDERED AT THE TIME THEY ARE COMPLETED. I WILL BE HELD RESPONSIBLE FOR REASONABLE COSTS INCURRED ON COLLECTION OF SAID FEES, SHOULD SUCH ACTION BE NECESSARY.

OWNER OR RESPONSIBLE PARTY _____

Please indicate if your animal needs any vaccinations:

Dogs: [] DHLPP [] Rabies [] Bordetella [] Canine Influenza

Cats: [] FVRCP/FelV [] FVRCP [] Rabies