

Brenner Animal Hospital Surgery & Dental Consent Form

Owner's Name: _____ Pet's Name: _____

Species: _____ Breed: _____

Sex: _____ Age: _____ Colors: _____

I certify that I own the above described animal and do hereby consent and authorize Brenner Animal Hospital, its employees, or veterinarians to board or hospitalize and to administer any vaccinations, medications, tests, surgical procedures or treatments that the Doctors deem necessary for the health, safety, or well-being of the animal while it is in their care and supervision.

In the event of dental cleanings, from time to time it may become necessary for the veterinarians to extract unhealthy teeth. Because it is not advisable for the doctors to leave your anesthetized pet to make telephone calls for your permission we recommend you give us permission in advance. In the event you elect not to give us permission, we will be forced to leave unhealthy teeth in your pet's mouth.

Permission to extract unhealthy teeth

Permission to extract deciduous (baby) teeth
(These teeth crowd the mouth and cause misalignment of teeth and tartar build up)

Permission ***NOT*** granted to extract teeth

I have been advised as to the nature of the procedures or operation and the risk involved. I realize that results cannot be guaranteed.

I realize that my pet will be discharged only during regular office hours and the fees due for its care will be ***PAID IN FULL*** at that time. *****Estimate can be given prior to your pet's procedure upon request.***

In the event that I change my plans, become ill, change my address, or otherwise lose contact with the hospital, it shall be my duty to inform Brenner Animal Hospital in writing immediately of such changes.

****SPECIAL NOTICE****

ALL PETS WITH FLEAS OR TICKS WILL BE REQUIRED TO HAVE A FLEA/TICK TREATMENT AT THE OWNERS EXPENSE

Date: _____ Signed: _____

Address: _____

Phone (day): _____ Phone (evening): _____

Phone (cell): _____

Please list a daytime number where you can be reached in case of an emergency.

Emergency Number _____