

Anderson Animal Hospital and *Wellness Center*
60 Marion Street, Winnipeg, Manitoba R2H 0T1 (204) 237-4555

AUTHORIZATION AND CONSENT FOR DENTAL PROCEDURE

Client Name _____ **Patient Name** _____

Admit Date _____ **Admit Time** _____ **AM/PM** **Admitted By** _____

I, the undersigned owner and/or responsible agent of the patient above hereby authorize the veterinarians and veterinary staff of Anderson Animal Hospital & Wellness Center to perform dental procedures as indicated on my pet's estimate. I also consent to the administration of such anesthetics as are necessary.

Initial _____

I understand that the estimate I have received is based on a pre-anesthetic examination. Following induction of general anesthesia, a more detailed oral examination, including dental radiographs, will be performed. I am aware the estimate may change as a result of this more accurate analysis.

I have left phone numbers where the veterinarians or staff at Anderson Animal Hospital and Wellness Center can reach me regarding any changes to my pet's estimate. However, if I cannot be reached:

☐ I authorize the veterinarians at Anderson Animal Hospital and Wellness Center to treat my pet for anything that is medically indicated. I understand this may change the dental estimate. I agree to assume financial responsibility for these additional services.

OR

☐ Do not exceed my estimate. I understand that my pet will be recovered from anesthesia and will require further treatment with a second anesthesia at a later date.

I understand that if dental cleaning/surgery is performed, some degree of risk is inevitable, and it is not possible for the hospital, its staff or employees to guarantee a successful outcome of any medical or surgical procedure. Furthermore, I understand that during and following the performance of the procedure(s) that I have authorized, unforeseen conditions may arise from unexpected events beyond the veterinarian and hospital's control. In the event that a life-threatening condition should develop and we are unable to contact you, we will proceed with any and all life-saving measures deemed appropriate in the professional opinion of the supervising veterinarian. By signing below, you are authorizing Anderson Animal Hospital & Wellness Center to proceed and you accept full financial responsibility for the above mentioned procedure and for any additional emergency services should they be necessary.

Initial _____

I have read and understood this authorization and consent.

Signature of owner/responsible agent

Phone number(s) where I can be reached today