

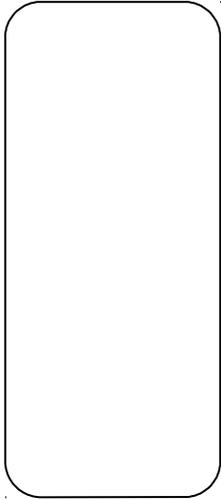
North Iredell Animal Hospital  
211 Woodpecker Rd., Statesville NC 28625  
704-876-2031 Fax 704-876-2034

Dental/Dental Extraction Consent Form

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

Pet's Name: \_\_\_\_\_

Phone Number for Today: \_\_\_\_\_



**ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS & FREE OF PARASITES. WE WILL ADMINISTER A CAPSTAR FOR FLEAS AND DEWORM FOR ANY PARASITES SEEN. IF VACCINATIONS ARE NOT CURRENT, WE WILL PERFORM THEM AT THE OWNERS EXPENSE.**

\_\_\_\_\_ Team Initials

As owner or agent of the owner of this pet, I hereby give my consent to North Iredell Animal Hospital, PLLC to perform the following procedures: \_\_\_\_\_

I understand that during the performance of these procedure(s), unforeseen conditions may be revealed that necessitate an extension or variance in the procedures(s) set forth above. I expect North Iredell Animal Hospital to use reasonable care and judgment in performing the procedure(s) if I am unable to be contacted. The procedure and risk have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from my obligation to all costs incurred regarding this animal.

\_\_\_\_\_ Signature of the owner or agent

Is your pet on any medications not prescribed by North Iredell Animal Hospital? Yes or No  
Please include any over the counter medications (aspirin, vitamins, etc.). \_\_\_\_\_

**Optional(s) for Surgery**

**1. Pre-Operative Blood Work:**

Occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations that may be determined with laboratory tests. To avoid these problems we recommend that all surgical cases be screened prior to anesthesia. This test will be performed and you will be billed for them if you mark the corresponding line.

Initial if accepted

a. Heartworm Tests **Cost: \$ 40.00**  
(For dogs not on prevention; Heartworms can affect surgical outcomes)

b. Pre-anesthetic panel: **Cost: \$ 78.00**  
(Tests for Kidney, Liver, Blood Sugar, Hydration, Infection or Inflammation)

\_\_\_\_\_ **YES** Please complete the blood work you recommend prior to surgery on my pet. If abnormalities, please contact me at the above number.

\_\_\_\_\_ **NO** I have elected to refuse the recommended blood work and ask you to proceed with anesthesia. I assume full responsibility for my pet.

