



Sunset Animal Hospital

DENTAL & ANESTHESIA CHECK IN

(this form is to accompany a signed estimate)

OWNER'S NAME: _____ PET'S NAME: _____

WE NEED A NUMBER WHERE WE CAN REACH YOU TODAY: _____

PROCEDURE: _____

WHEN DID YOUR PET LAST EAT? _____

IF YOUR PET IS ON ANY MEDICATION, PLEASE FILL OUT THE FOLLOWING:

| NAME OF MEDICATION | GIVEN HOW OFTEN | LAST TIME RECEIVED |
|--------------------|-----------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

After a thorough exam of your pet's mouth under anesthesia, if the doctor finds a need for additional dental work or extractions: **(please initial one)**

- _____ Please do not call me; proceed with doctor recommendations. I understand that this will accrue charges not included on my Treatment Plan and I agree to pay them.
- _____ Call me, but if you are unable to reach me, proceed with doctor recommendations.
- _____ Call me, and if you are unable to reach me, discontinue the procedure. I understand this may mean a second anesthetic procedure on another day.

ADDITIONAL SERVICES WITH SURGERY:

MICROCHIP: WE HAVE **HomeAgain** MICROCHIPS THAT PLACES ANIMALS ON AN INTERNATIONAL REGISTRY. **(ADDITIONAL COST: \$30.00)**

- YES**, I WOULD LIKE MY PET TO HAVE A MICROCHIP INSERTED
- NO**, I DO NOT WANT MY PET TO HAVE A MICROCHIP INSERTED AT THIS TIME

THE FOLLOWING ARE OTHER SERVICES WE OFFER, SO PLEASE SELECT THE SERVICES YOU WOULD LIKE DONE TODAY (SOME SERVICES MAY ADD COSTS TO THE ORIGINAL ESTIMATE GIVEN).

DOGS: CHECK EARS _____ NAILTRIM _____ DHLPP _____ RABIES _____ BORDETELLA _____
HEARTWORM TEST _____ ANY OTHER TESTS _____

CATS: CHECK EARS _____ NAIL TRIM _____ LEUK VAX _____ RABIES _____ FVRCP _____
FELV/FIV TEST _____ ANY OTHER TESTS _____

I HEREBY AUTHORIZE SUNSET ANIMAL CLINIC AND ITS DESIGNATED ASSOCIATE VETERINARIAN TO TREAT, ANESTHETIZE, PRESCRIBE MEDICATION FOR OR PERFORM SPECIFIED DIAGNOSTIC TESTS OR SURGERY ON MY ANIMAL. I ASSUME FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED AS APPROVED ON MY SIGNED TREATMENT PLAN. I UNDERSTAND THAT ANESTHESIA MAY COME WITH INHERENT RISKS AND THAT COMPLICATIONS AND EVEN CARDIAC ARREST ARE POSSIBLE. I RELEASE SUNSET ANIMAL CLINIC AND ITS EMPLOYEES FROM ANY LIABILITY.

In the event of an Emergency (i.e. Cardiac Arrest) I would like Life Saving procedures to be performed on my pet (e.g. CPR) and take financial responsibility. Please initial one of the following - Yes _____ No _____

CLIENT'S SIGNATURE

DATE