

Consent for Dental Procedure

To be completed prior to each dental procedure



Today's date: ____/____/____

Client's name: _____ Pet's name: _____

I, being of legal age and responsible for the animal herein, have the authority to grant the C.A.R.E. Clinic and its staff members, volunteers, or agents my consent to perform dental procedures upon the animal named above.

I have been advised and understand the following:

1. Modern techniques and trained staff will be used to care for all animals and that reasonable precautions will be used against injury, escape, or destruction of the animal. It is thoroughly understood that the C.A.R.E. Clinic, its staff, volunteers and agents will not be held liable or responsible in any manner and that I assume all risks.
2. I have been informed and understand that there are certain risks and complications associated with any surgical or anesthetic procedure. I further understand that during the course of this procedure, unforeseen conditions may arise that may necessitate the performance of additional procedures. If, in the course of treatment, a condition is discovered that requires medical attention or an additional procedure, such as the administration of intravenous fluids or additional medications, the attending veterinarian may, in his/her absolute discretion, perform such a procedure and I agree to pay reasonable additional charges, if any.
3. As long as, in the opinion of the attending veterinarian, the animal is an acceptable candidate for anesthesia, procedures will be performed. I understand that the attending veterinarian can refuse to perform any procedure on any animal for any reason. Such refusal is at the sole discretion of the attending veterinarian.
4. It is strongly recommend that you visit your full-service veterinarian so that your animal can have a thorough exam, to discuss your animal's care, and to have any additional recommended testing performed. For clinic staff safety, we often must sedate aggressive animals or animals not up to date on rabies vaccination without a full exam. By signing this form, you are acknowledging that you 1) have previously had your animal examined at a full-service veterinary clinic and had all recommended pre-op testing and vaccinations performed, or 2) are waiving the right to do so and acknowledge that your animal may be sedated with a partial exam if fractious or aggressive, or may be refused services entirely.
5. Animals must be picked up from the clinic at the time designated by clinic staff on the day of the procedure. I understand that failure to arrive before closing time may result in additional charges being assessed. If I do not claim the animal, I understand that after 24 hours, the animal will be considered abandoned and the animal will be disposed of in accordance with policies established by the C.A.R.E. Clinic. I understand that once any animal has been abandoned, I relinquish all ownership rights and will be held responsible for any and all costs, including but not limited to medical and boarding expenses.

Signature: _____ Date: _____

Disclosure Form

Client's name: _____



Virginia law requires that all clients read and acknowledge the following:

I have been advised and understand that "continuous care/hospitalization" as defined by the State Legislature (i.e., 24-hour presence of a veterinarian) is not available at the Chesapeake Humane Society Care Clinic. "Continuous care" is available after hours at local emergency clinics. Any animal left in this clinic after normal hours will be unattended by veterinary staff.

Normal Business Hours for Veterinary Staff:

Tuesday, Wednesday, Thursday and Friday from 8:00am to 3:00pm

Therefore, no continuous medical care is provided between the hours of 3:00 pm and 8:00 am, Tuesday through Friday. Additionally, no continuous medical care is provided between 3:00 pm Friday and 8:00 am the following Tuesday.

Normal Business Hours for Administrative Staff:

Tuesday, Thursday and Friday from 8:00 am to 4:00 pm

Wednesday from 8:00 am to 6:00 pm

Saturday, Sunday from 12:00 pm to 4:00 pm

Signature

Date