

Rolesville Veterinary Hospital
300 Batten Road
Rolesville, North Carolina 27571
(919) 562-0100
www.rolesvillepetcare.com

DENTAL ANESTHESIA CONSENT FORM

Client Name: {FULLNAME}

Patient Name: {NAME}

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY:

Would you like for us to text or call? TEXT CALL

Anesthetic/Surgical procedures to be performed:

Preanesthetic Blood Testing

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It may, however, greatly reduce the risk of complications as well as identify medical conditions that could require medical treatment in the future.

Our greatest concern is the well being of your pet. We will perform a physical examination before administering anesthesia. However, disorders of the liver, kidneys or blood, are not detected unless blood testing is done.

Abnormalities of any of these may increase anesthetic risk. For these reasons we highly recommend pre-anesthetic blood screens.

Yes, I want the pre-anesthetic blood work.

I decline the recommended pre-anesthetic blood-work and understand the surgical risks.

Dental X-Rays

I authorize Dental X-Rays (\$72.50)

I decline Dental X-Rays

Microchip

I authorize the doctor to microchip my pet while under anesthesia.

Authorization to Perform Surgical Procedure and/or Treatments

I, the undersigned owner, or owner's agent, of the pet mentioned above hereby authorize the doctors at Rolesville Veterinary Hospital / Louisburg Veterinary Clinic to perform the above anesthetic and surgical procedure(s) for my pet. I understand that some risk always exists with anesthesia and/or surgery, and that I am encouraged to discuss any concerns about those risks with the attending veterinarian before the procedure(s) is/are initiated.

** I give my consent to have diseased/broken teeth extracted by the veterinarian. I understand that I will not be called before the extractions are performed. **

Signed:

{CLIENTSIGNATURE}

Rolesville Veterinary Hospital (919) 562-0100
Louisburg Veterinary Clinic (919) 496-2638
www.rolesvillepetcare.com
www.louisburg@thevetspets.com

**Consent/Decline Directive for Cardiopulmonary Resuscitation
And Release of Legal Liability**

General Information on CPR

{CURRENTDATE[SHORT]}

Should, based on the medical judgement of an Animal Diagnostic Veterinarian, my pet, {NAME} require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure respiration, emergency drugs, or other heroic interventions, I request or decline that the doctor(s) at Rolesville Veterinary Hospital pursue such medical care as indicated below.

Request For CPR

Having requested such emergency procedures, I agree to be held responsible for a minimum resuscitation fee of \$150.00 to pay for the services performed while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's survival, I agree to pay this fee in addition to the other fees already identified by the practice and agreed upon by me.

I agree that if the Rolesville Veterinary Hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgement, a veterinarian determines that there appears to be virtually no hope for medical success, the future CPR procedures will cease.

I have been informed by Rolesville Veterinary Hospital and understand that despite the best efforts of the veterinarian and staff at Rolesville Veterinary Hospital, CPR may not save my pet's life. I also understand that even the most successful CPR that restores my pet's life may not allow my pet to regain his/her normal mental and physical health, and, thus, may leave him/her as an invalid.

Decline CPR

DO NOT RESUSCITATE MY PET: I have read the above information and release. I agree to the above terms and release and request that NO CPR BE PERFORMED ON MY PET.

{CLIENTSIGNATURE}

Owner/Responsible Party Signature

Best Contact Number