Consent for Dental Cleaning

Client Name (Please include spouse) : ____

Phone:______________________________________ **Secondary Phone**: _______________________________________

Email: ____

Address: ____

City: ____ **State**:_________________ **Zip**: ________________________

Pet Name: _________________________________ **Breed**: ____________________________ **Age**: __________________

Color:____ **Sex**: MALE FEMALE

I, being of legal age and responsible for the animal described above, have the authority to grant The KAAWS Clinic, PLLC and its staff members, volunteers, or agents my consent to receive, transport, prescribe for, treat and/or perform a dental prophylactic cleaning upon the animal named above.

I understand that modern techniques and trained staff will be used to care for all animals, and reasonable precautions will be used to prevent injury, escape, or destruction of the animal. It is thoroughly understood that The KAAWS Clinic, PLLC and its staff, volunteers, and agents will not be held liable or responsible in any manner and I assume all risks.

I understand that pre-anesthetic blood work is available through The KAAWS Clinic and recommended. __________Initial

I understand many pets require sedation before a doctor can complete a thorough dental exam and choose the best treatment. I authorize additional services at an additional cost, such as extractions, if needed. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs. ______________Initial

If in the course of treatment a condition is discovered which requires medical attention or an additional procedure, such as the administration of IV fluids, the attending veterinarian may, in his/her absolute discretion, perform such procedure. I consent to these procedures and any additional costs.

I further understand that as long as, in the opinion of the attending veterinarian, the animal is an acceptable anesthetic candidate, the dental cleaning will be performed regardless of the animal's sex or medical condition (such as the presence of heartworm disease or pregnancy). 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.

I understand that all animals must be picked up from the clinic at the time designated by clinic staff on the same day as surgery. If I do not claim the animal on the day of the procedure, I understand that the animal will be considered abandoned and the animal will be cared for in accordance with policy established by The KAAWS Clinic, PLLC. I understand that once an animal has been abandoned, I relinquish all ownership rights and I will be held responsible for any and all medical costs including boarding expenses.

CLINIC POLICIES:

>I understand that payment is due at time services provided and no payment plans are offered by KAAWS Clinic. KAAWS only accepts cash, debit cards, Visa, MasterCard, & Discover as forms of payment.
>I understand KAAWS late policies and that my deposit will be forfeit if I do not check in by designated time given.
>I understand KAAWS requires a 24 hour advance notice of cancellation and/or reschedule of all appointments from the time of the scheduled appointment(s). By not providing a 24 hour notice from the time of the appointment(s), I understand that I will be financially responsible for a fee that will result in $10 fee per appointment.
>I understand that KAAWS has the right to refuse service to any client and/or patient for any reason.
>I understand KAAWS will dismiss any patient who attempts to bite, becomes aggressive and/or has behavioral issues that require muzzling, specialized time or attention, equipment, and/or medications for treatment. AT NO TIME WILL AN OWNER BE ALLOWED TO ATTEMPT TO RESTRAIN THESE PETS FOR SERVICES!
>I understand KAAWS is not a full service facility and in the case of an unforeseen emergency, my pet(s) may be referred to a full service veterinarian or emergency clinic for additional required treatment that have the available diagnostics, medications, and/ or treatments available for these special cases.
>I understand that KAAWS does not provide boarding or grooming services and no pet(s) will be allowed to remain after posted closing hours.

Signature:____ Date:__________________________________

MUST BE FILLED OUT WITHIN 24 HOURS OF SCHEDULED SURGERY APPOINTMENT

Pre-Anesthetic/Surgery Questionnaire

Client Name (Please include spouse) : ____

Pet Name: __________________________________ **Breed**: ____________________________ **Age**: _________________

Color:____ **Sex**: MALE FEMALE

1. When was the last time your pet had any food/treats? ______________________________ Water : ____________________________.

2. How long have you owned your pet? : ____.

3. Within the last two weeks, has your pet displayed any sneezing, coughing, vomiting, diarrhea, and/or problems urinating? : _____________.

   If yes, please explain: ____.

4. Has your pet ever had a seizure? ___________________ If yes, please state when and explain (diagnosis/cause, treatment, etc.):

   ____.

5. If your pet is female, when was her last heat cycle?: _________________________ Is it possible she could be pregnant?: ______________.

   If your pet is female, has she given birth in the last 6 months? _________ If yes, how long ago? : ______________________________

   Has nursing been completed? : _________________________.

6. Within the last two weeks, are you aware of any changes in your pet's level of activity, appetite, and/or water consumption? : ____________.

   If yes, please explain: ____.

7. Are you aware of your pet having a diagnosis/ history of prior health problems, and/or injuries? :______________ If yes, please explain:

   ____.

8. Are there any known reactions to vaccinations, drugs, medications, etc.? : ____________ If yes, please explain:

   ____.

9. Please list any medication(s) your pet has been given in the last month and what it was administered for:

   ____.

10. In the last ten days, has your pet been treated for fleas/ticks with any spray, shampoo, dip, powder, spot-on, etc? : ____________________.

    If yes, please list name and date given: ____.

11. Is your pet currently on heartworm prevention? : _____________________ If yes, please circle or list which type:

    Iverhart   Advantage Multi   Trifexis   Sentinal   Heartgard   Filaribits   Ivermectin (liquid)

    Other:____ Date of last test?: ____

Signature: ____ Date:__________________________________