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Client ID:
Client Name:
Address:

Telephone:

Weight

Contact persons name and relationship to patient:
Phone Number you can be reached at today:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

-As owner (or agent for the owner) of the pet described above, I authorize San Juan Veterinary Clinic, Inc. to perform diagnostic, therapeutic, anesthetic, emergency and surgical procedures necessary for treating and maintaining my pet's health and well-being. San Juan Veterinary Clinic, Inc. uses the safest equipment and medications, and will take precautions to insure the safety of my pet at all times. However, complications can occur despite their best efforts and I am fully aware of the risks involved with anesthesia and the possibility of an adverse reaction.

-I give my consent to San Juan Veterinary Clinic, Inc. staff to perform the following procedures:

SMALL ANIMAL COMPREHENSIVE ORAL HEALTH ASSESSMENT AND TREATMENT, AKA: COHAT

-The estimate I have received and consented to, for today's procedure, includes: general anesthesia, intravenous catheter placement and fluid administration, anesthetic monitoring, ultrasonic and hand scaling, polishing, a thorough oral examination and full-mouth radiographs and flouride treatment. **Any additional treatments (such as dental extractions, restorations, oral surgery, endodontics, orthodontics or periodontal therapies) will have additional costs that can be explained to me during an intra-operative phone call, made after diagnostics are completed, and before treatments are performed.**

-I agree to receive this phone call, at the phone number I have listed above, during the time window verbally given to me. I understand that if I am unreachable, my pet's procedure will be placed on hold for no longer than 10 minutes, after which time my pet will be recovered from anesthesia without any additional treatments performed and I will have to schedule a future appointment for the completion of these recommended procedures, at my expense.

For endodontic/orthodontic/prosthodontic care, I have been referred to a veterinarian dental specialist and declined to accept the specialized care. I have fully acknowledged and I accepted the risk associated with these procedures that will be performed today at this clinic.

-I fully understand the known expense and potential expenses related to this procedure and I agree to pay all costs of treatment in-full upon discharge of my pet.

-I understand that veterinary dentistry is not an exact science and guarantees in treatment outcomes are not possible.

-I understand the ultimate success of the proposed treatment may depend on adequate home-care and I acknowledge my responsibility in this regard. This is particularly so with the management of periodontal disease.

Pre-anesthetic testing release:

Advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise. To lessen the risk of an adverse event we recommend that all patients be screened prior to anesthesia by means of laboratory tests.

Check-in: check list and conversation

Has the pet had anything to eat today? What are you planning to feed this evening?

Does the pet have any health conditions?

Is the pet on any medications? If so, what and when?

Has there been any changes in the pet's health recently?

Does the pet have any sensitivity to any medications, that you are aware of?

Are you aware of what the procedure involves that we are performing today and do you have any concerns or additional procedures you would like to have performed?

Are there any masses that need to be addressed? If so, which ones and where?

We need to be able to contact someone, just in case there are any questions or concerns during the procedure or during the time the pet is here today. Who will be our contact person and what is their number?

******PLEASE NOTE: For patient safety, we will wake them up in 10 minutes; if we cannot reach someone to get approval for treatment while under anesthesia******

Have you reviewed the estimate for this procedure?

We will call you at the completion of the procedure to let you know how it went and that your pet is recovering.

Have I answered your questions and addressed your concerns?

I am going to take _____ to the treatment room and set him/her up with comfy bed. They will be watched, comforted and allowed to go outside to relieve themselves; while in our care.

CT