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This packet is for patients who have a scheduled dental procedure with Westgate Animal Hospital. To aid with check-in the morning of your pet's procedure please do the following:

- Read and sign the Surgical and Anesthetic Consent form.
- Read and sign the Preanesthetic Bloodwork and Dental Radiographs Consent Form and choose if you would like the recommended blood profile performed before anesthetic and if you want dental radiographs done.
- Read and sign the Authorization for Treatment form and choose the appropriate option for the dental procedure.
- Bring all forms with you on the day of the dental procedure or email them back to us at [info@mywestgateanimalhospital.com](mailto:info@mywestgateanimalhospital.com).
- \*\*Remove all food at 9 p.m. the evening before your pet's procedure.

If you have any questions regarding these documents or any other questions regarding your pet's upcoming dental, please do not hesitate to contact us.

We look forward to seeing you and your pet!

The Staff of Westgate Animal Hospital

# Westgate Animal Hospital Surgical and Anesthetic Consent form

Client 's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Procedure: \_\_\_\_\_ Date of procedure: \_\_\_\_\_

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of 100 % of the estimated fees at the time of check-in. I will assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has**\_\_\_\_/ **does not have**\_\_\_\_(initial one) my permission to provide such treatment and I agree to pay for such services.

In the event my pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel may not be provided during these hours. If I desire that my pet have supervision when this facility is closed, \_\_\_\_\_(please initial) I elect to pick up my pet and provide such care in my home, in which case I accept all risks of adverse effects.

If my pet should injure itself in an escape attempt, refuse food, soil itself, become ill or die while in the care of Westgate Animal Hospital Inc, I will hold the Westgate Animal Hospital, and its staff free of any responsibility and/or liability in the absence of gross negligence

I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made. I have read and understand the nature of the above procedures and give my consent to proceed.

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Phone number(s) for today**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

# Westgate Animal Hospital

## Dental Services

### Preanesthetic Bloodwork and Dental Radiographs Consent Form

As part of our commitment to offering the safest care for your pet during its dental treatment, we will perform a complete physical exam prior to anesthesia. We also recommend preanesthetic bloodwork to allow us to determine if there are underlying problems that could lead to complications during or after anesthesia. Dental treatments tend to be longer procedures and often are performed on middle to older age pets. It is important for us to have the most information we can on your pet prior to anesthesia. Please choose one of the following options for bloodwork:

- Profile 1—Chem 10 with CBC and electrolytes—Recommended for healthy pets less than 7 years of age-- \$120
- Profile 2—Chem 17 with CBC and electrolytes—Recommended for pets 7 years of age or older and/ or with health concerns-- \$170
- Decline Bloodwork

We also recommend full mouth dental radiographs on all basic and more involved dentals to help us determine potential problems involving the tooth roots that we cannot assess from the oral exam. Further treatments including possible extractions may be recommended based on the radiographs. If a tooth needs to be extracted, we recommend pre-extraction and post-extraction radiographs to make sure the entire root was removed to avoid future problems in that area. Please choose one of the following options for radiographs:

- Full mouth dental radiographs—Dog \$150, Cat \$100
- Individual tooth radiographs if the tooth appears diseased and/ or needs to be extracted-- \$50
- Decline Radiographs

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Westgate Animal Hospital

## Dental Services

### Authorization for Treatment Form

Your pet will be receiving a dental treatment. This includes a complete anesthetized oral exam by a veterinarian and ultrasonic scaling and polishing by a certified technician. Full mouth dental radiographs are recommended to fully assess the condition of the teeth. Further treatments, including tooth extraction(s), may be needed based off the radiographs.

Because we may not know the extent of dental disease present until your pet is anesthetized and assessed, **it is important that you are available by phone today during your pet's procedure so that we may discuss any additional recommended treatment options with you. If you are not reachable by phone today, your pet will not receive any further treatments beyond the initial assessment and cleaning and will be recovered from anesthesia.** If not able to proceed with the recommended treatment, a second appointment may be needed to continue the treatment. It may be necessary to schedule a second dental treatment for other reasons including length of procedure when multiple treatments are needed.

At your pet's dental check in, we will examine your pet's mouth to the best of our ability while your pet is awake. We will discuss obvious dental problems and treatments and give you a basic rough estimate of cost. Please choose from the following options:

- I authorize a basic dental procedure. I will be available by phone today for authorization for any additional treatment or procedure beyond cleaning and polishing the teeth and obvious treatments discussed at the dental check-in. If I am not reachable by phone, I understand that my pet will not receive any further treatments beyond what was discussed at the dental check-in appointment and the dental cleaning and may have to reschedule such treatments for a later date.
- I authorize you to proceed as needed during the dental procedure because I will not be available by phone today. I realize this may mean that treatments, including extractions, may be needed and may exceed the previously discussed estimate. I authorize total treatment not to exceed \$\_\_\_\_\_.

Owner's signature: \_\_\_\_\_

Date: \_\_\_\_\_