



Louisburg Veterinary Hospital

Dental / Anesthesia Consent Form

Client & Patient Information

Client Name (First)		Last	
Patient Name		Phone Number	
Best Daytime Contact		Preferred Contact	Text // Call

Hospital Policies & Acknowledgements

I understand that Louisburg Veterinary Hospital is not staffed overnight and I accept any risks incurred by leaving my animal overnight unattended.

I understand a written estimate will be available upon request and I will provide a 50% deposit for estimated fees.

If fleas are found on my pet, I authorize treatment with an appropriate flea preventative and understand I will be charged.

I understand Louisburg Veterinary Hospital is not responsible for personal belongings left with my pet.

I understand no guarantee has been made regarding results and I assume financial responsibility for services rendered.

Dental Treatment Information

Diseased, broken or loose teeth are painful for pets and they do not always give clear signs of discomfort. Not all dental disease is visible until the pet is sedated and the dental cleaning is performed. Doctors may recommend extraction of teeth that are painful or severely diseased. A dental sealant gel may also be applied to help seal pockets and prevent further decay.

Pre-Anesthetic Blood Testing

It is important to understand that a pre-anesthetic profile does not guarantee the absence of anesthetic complications. It can help reduce risks and identify conditions affecting the liver, kidneys, or blood that could increase anesthetic risk.

_____ Pre-anesthetic blood work requested

_____ Decline blood work and accept surgical risk

Dental Extractions

_____ Proceed with extractions at doctor discretion

_____ Please call before extractions are performed. If I cannot be reached, my pet will be recovered from anesthesia without extractions and rescheduled for treatment later.

Anesthetic / Surgical Procedures to be Performed

I authorize the doctors at Louisburg Veterinary Hospital to perform the indicated anesthetic and surgical procedures for my pet. I understand anesthesia and surgery involve inherent risks and no guarantee has been made regarding outcome. I confirm I have had the opportunity to discuss concerns with the attending veterinarian.

Client Signature		Date	
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CPR Consent Directive

If your pet requires cardiopulmonary resuscitation (CPR), please indicate your wishes below. A minimum CPR fee of \$190 may apply if resuscitation efforts are performed.

_____ REQUEST CPR for my pet if medically indicated

_____ DECLINE CPR (Do Not Resuscitate)

Signature		Phone Number	
Date			

Louisburg Veterinary Hospital

115 N Church St • Louisburg, NC 27549

Call or Text: (919) 496-2638 • Fax: (919) 496-2699

Email: louisburg@thevetspets.com