



Animal Care Centers
96 Bartley Road
Flanders, New Jersey , 07836
Ph: (973) 584 4455
Fax: (973) 584 7172
Email: info@animalcarectrs.com

OPTIONAL SURGICAL CONSENTS

Client Name: _____
Pet's Name, Age: _____
Date of Procedure: _____
Procedure being performed in: Animal Care Centers

MICROCHIP CONSENT

Every two seconds a family pet is lost. To protect your pet, we recommend a pet microchip. This is a permanent identification chip placed under your pet's skin. This can be done today at a discounted cost of \$76.50.

- YES, I want my pet microchipped.
 NO, I don't want my pet microchipped.

PROHEART INJECTION (DOGS ONLY)

Heartworm Disease has been diagnosed in all 50 states and in many areas is transmitted year round through mosquitoes. We offer an injectable heartworm preventative that lasts either 6 months or 1 year. The 6 month injection can be given to dogs 6 months of age or older and the 1 year injection can be given to dogs 12 months of age or older. (*Flea and tick preventatives will still be needed.*) The cost of this injection varies by weight, for Handouts it would be _____ for 6 months and _____ for 1 year.

- YES, I would like my dog to have the Proheart heartworm injection:
(Please circle one) 6 MONTHS or 1 YEAR
 NO, I do not want my dog to have the Proheart heartworm injection.

DENTAL RADIOGRAPHS

For most pets receiving dental cleaning, our doctors recommend a full mouth series of dental radiographs (XRAYS). With this, the doctors can observe the portion of the tooth below the gum line to detect any serious or potential issues. These X-Rays can be performed today at a cost of \$123.50 for dogs and \$95.90 for cats.

- YES, I want my pet to have dental radiographs today.
 YES, I want my pet to have dental radiographs if the doctor feels it is in the best interest of my pet.
 NO, I don't want my pet to have dental radiographs today



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ORAVET vs. SANOS DENTAL SEALANTS

After a dental cleaning is performed, our doctors recommend a dental sealant is applied to the teeth to protect them from plaque and tartar build-up. We have two options to suit your pet and your lifestyle. We recommend Oravet, which is applied during the dental procedure (\$42.32) and then paired with teeth brushing and weekly applications at home (take-home kit \$52.35). Nothing works as well as daily brushing!

If home dental care is not feasible for you or your pet, then we recommend a Sanos application. Sanos is applied during the dental cleaning (\$76.50 for pets 45lbs and under, \$104.00 for pets 46lbs+) and then often reapplied every 6 months at Animal Care Centers (possibly under light sedation depending on the pet).

- YES, I want my pet to have the Oravet sealant applied today.
- YES, I want my pet to have the Sanos sealant applied today.
- NO, I don't want my pet to have dental sealants today

FOOD ADDITIVE FOR PLAQUE AND TARTAR CONTROL

Our doctors recommend a food additive that reduces plaque and tartar build up and helps with bad breath. Clenz-A-Dent is a seaweed based, all natural additive that can be sprinkled on the pet's food once a day. A bottle of Clenz-A-Dent to be used at home can be purchased today for \$36.71. We also offer this item on our online pharmacy.

- YES, I would to purchase a bottle of Clenz-A-Dent today.
- NO, I will wait to purchase a bottle at another time.

ALLERGIES

PLEASE INFORM THE STAFF OF ANY ALLERGIES YOUR PET MAY HAVE.

Does your pet have any allergies or reactions to any medications or vaccines?

YES

NO



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Signature:

Date:

I'm the pet Owner I'm an Agent of the pet's Owner



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GENERAL SURGICAL CONSENT FORM

Client Name: Documents, Reception

Pet's Name, Species, Sex, Age: Handouts (Amphibian, Unknown Sex, Not Set)

Date of Procedure:

Procedure being performed in: Animal Care Centers

I hereby authorize the performance of the following medical or surgical procedure(s):

Please Initial each item below, indicating your acknowledgement of the statement:

_____ The nature of such services has been described to me to my satisfaction. I realize that neither a guarantee nor warranty can ethically or professionally be made regarding the results or cure.

_____ I understand that there is a risk when anesthesia is given to a pet.

_____ I understand that, despite all necessary precautions being taken, post-surgical complications may arise.

_____ I understand that post-surgical care instructions will be given to me at discharge, and that it is in the best interest of my pet's surgical recovery to follow them as written.

FOR DENTAL PROCEDURES:

_____ I understand that whether my pet's cleaning is easy or difficult, it is still a surgical procedure and can carry some risks. They can include (but are not limited to):

Possible infection that may need additional treatment, very rare cases of the jaw bone breaking during tooth extraction (due to periodontal disease weakening it), healing taking longer than expected, sharp ridges or bone splinters forming later where the tooth was taken out, or small pieces of the tooth root breaking off into a sinus cavity or near a nerve/blood vessel and left in place to prevent further damage.

Fortunately, these complications are not common, but may sometimes require further treatment. If you have any concerns, please ask your pet's doctor.



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In the case that your pet was to suffer cardiac and/or pulmonary arrest (heart or breathing stops), do you authorize us to provide life-saving measures (i.e. cardiopulmonary resuscitation or "CPR") as detailed below?

CPR can include endotracheal intubation (placement of a breathing tube), administration of drugs, cardiac compressions (pushing on the chest), and/or assisted breathing with oxygen supplementation. Costs of these services is generally NOT reflected in your estimate.

If you choose to allow these procedures for your pet, you will be contacted as soon as possible to be informed of the situation and given the options about how to proceed. In a critically ill patient, you may want to elect a Do Not Resuscitate status or "DNR." In a healthy pet undergoing an elective procedure, we would strongly recommend you allow full resuscitation.

Please initial your choice below:

_____ YES, I authorize appropriate life saving measures. I understand that if such measures are necessary that the cost of services may exceed my estimate.

_____ NO, I do not wish these life saving measures to be employed. I am electing a "Do Not Resuscitate" status for my pet.

Please list up to 3 of the best contact numbers to reach you in case of emergency while your pet is in our care:

(Please put the order to be called.)

1. _____

2. _____

3. _____

Signature:

Date:

I'm the pet Owner I'm an Agent of the pet's Owner