ANIMAL DENTAL SPECIALISTS
OF UPSTATE NEW YORK

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AAHA ACCREDITED
The Standard of Veterinary Excellence

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

DATE: _____

CLIENT NAME: _____ **PET NAME:** _____

PROCEDURE: _____

I hereby authorize the veterinarian on the staff of the Animal Dental Specialists of Upstate New York (and/or any technicians the veterinarian may designate) to administer and perform medical treatment, surgical procedures, or medical care as considered therapeutically and/or diagnostically necessary on the basis of any evaluation performed by those persons mentioned above during the time that my pet remains in the custody of the Animal Dental Specialists of Upstate New York. I also consent to the administration of any anesthetics determined necessary by the veterinarian or his appointees.

While I accept that all procedures will be done to the best of the abilities of the staff at the Animal Dental Specialists of Upstate New York, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree not to hold the Animal Dental Specialists of Upstate New York responsible for any adverse consequences resulting there from. I authorize the Animal Dental Specialists of Upstate New York to arrange care (including examinations, treatment, medications, observation and operations) for my pet at an Animal Emergency Care facility if necessary, and agree to pay for such services. I assume financial responsibility for all charges incurred to the patient, and authorize direct payment to the Animal Dental Specialists of Upstate New York.

I authorize Animal Dental Specialists and its agents to take photos of my pet and copyright, use and publish the same in print and/or electronically. I agree that Animal Dental Specialists may use such photographs of my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature of Owner or Responsible Agent **X** _____

I understand that some risk always exists 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. If unexpected life-saving emergency care becomes required, I authorize Animal Dental Specialists of Upstate New York to:

- ❑ Immediately initiate cardiopulmonary resuscitation (CPR). I will be responsible for all additional fees.

OR

- ❑ Do not resuscitate (DNR). I will be responsible for fees incurred thus far.

Signature of Owner or Responsible Agent X _____

ESTIMATED FEES

Estimated fees and procedures may change during the course of patient evaluation. Animal Dental Specialists of Upstate New York will make every effort to contact you if there will be appreciable changes from the estimate.

I will be available at the following numbers _____
If I am not available to discuss findings while my pet is under anesthesia, I…

1. Authorize treatment based on your clinical judgement.
   Signature of Owner or Responsible Agent X _____

2. Do NOT authorize treatment without discussion of findings even if it means a second anesthetic period to allow further treatment.
   Signature of Owner or Responsible Agent X _____

While your pet is under anesthesia you have the option of Microchip Implantation for an additional $92.84.

- ❑ Yes, place a microchip for an additional $92.84.
- ❑ No, please do not place a microchip. / My pet already has a microchip placed.

PAYMENT IS EXPECTED IN FULL AT THE TIME SERVICE IS RENDERED.
A DEPOSIT OF 50% OF THE INITIAL ESTIMATE MAY BE NECESSARY UPON ADMITTANCE OF REFERRAL CASES.