



Dental Extraction Consent Form

Client's Name: _____ Patient's Name: _____

Surgery(s) to be performed: _____

Phone number where you can be reached: _____

Date and Time your pet last ate: _____

Consent to perform extractions:

Please initial (check) ONE of the authorizations listed below.

I DO ___ OR DO NOT ___ hereby authorize the attending veterinarian to extract any teeth he/she deems necessary while my pet is under anesthesia for his/her dental cleaning. I understand they will attempt to reach me by phone first, but if I am unreachable, for my pet's safety, they have my permission to proceed with the extraction(s).

I also understand that there may be an additional charge for this procedure (including antibiotics and pain medication in some cases) and I hereby agree to the extra charge(s).

VCA Westside Animal Hospital

6034 Broadway • Pearland, Texas 77581 • 281-485-9840 • vcawestsidetx@vca.com



AT VCA ANIMAL HOSPITALS, WE CARE



CPR CONSENT FORM

Consent to perform exam:

Please help us to help your pet by making some difficult decisions in advance. In the event of cardiac or respiratory emergency we will make every effort to notify you immediately, but also must take immediate medical action. Should my pet identified above require cardiopulmonary resuscitation (CPR), including cardiac compression, positive pressure ventilation, emergency drugs, or other medically necessary interventions, I request that the doctor(s) at VCA Westside Animal Hospital pursue such medical care as indicated below.

Please initial (check) ONE of the authorizations listed below.

Resuscitation Status:

I request CPR including artificial ventilation and external cardiac assistance (CPR). I am aware of the associated fees to have these services performed.

I accept that if the hospital staff is unable to reach me within 15 minutes after the initiation of CPR procedures, and after exercising reasonable medical judgment, determine that there appears to be virtually no hope for medical success, the staff will cease further CPR procedures. I acknowledge that CPR does not guarantee or assure a favorable outcome. I understand that despite the best efforts of the doctors and staff at this facility, even the most successful CPR that may restore my pet's life may not allow for my pet to regain his/her normal mental and physical health.

I hereby request that in the event my pet's heart and/or breathing should stop, no attempt will be made to resuscitate the pet.

I have read and understand this consent form and verify that I am of legal age (18 years or older).

Signature

Date

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