**HOSPITAL ADMISSION STATEMENT**
**AUTHORIZATION FOR DENTAL CLEANING AND TREATMENT**

Owner_____ Pet's Name_____ Admission Date_____
PROCEDURE_____
ESTIMATED DURATION OF HOSPITALIZATION_____DAYS
INITIAL ESTIMATE $_____

1. I hereby authorize the veterinarians of Phoenix Animal Hospital to perform dental care and any additional and/or treatment deemed advisable or necessary for my pet. I am aware that during dental treatment, extraction(s) of teeth may be necessary. Extractions are done only on loose, damaged or infected teeth. Extractions are performed only when in the best interest of your pet. Please indicate one of the following choices:
   _____ I leave the decision to extract teeth up to the discretion of the doctor.
   _____ I do not want any teeth to be extracted regardless of the recommendations.
2. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in any medical procedure or treatment.
3. The following safety precautions are recommended by the doctors at Phoenix Animal Hospital prior to any anesthetic procedure, especially for ANY PETS OVER 5 YEARS OF AGE. These precautions may detect organ or metabolic abnormalities which may complicate an anesthetic procedure, or help aide my pet in an emergent situation:

| | Accept | Decline |
|---|---|---|
| Pre-anesthetic blood work | _____ | _____ |
| Intravenous catheter | _____ | _____ |
| FeLV/FIV/Heartworm Test | _____ | _____ |
| Microchip | _____ | _____ |
| Elizabethan collar | _____ | _____ |

I have indicated those safety precautions I accepted or declined by initialing the appropriate spaces. I understand that I will be responsible for any fees incurred for each that I have accepted.

4. I agree to pay, in full, for the services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. The above estimate of charges is only an estimate, and the final bill may be greater or less than this amount. The staff at Phoenix Animal Hospital will make all reasonable attempts to notify you in case charges are more than estimated.

Payment will be made by:_____CASH_____CHECK_____VISA/MASTERCARD/DISCOVER_____Care Credit

**I have read the above conditions of this hospital and authorize dental treatment for my pet.**

_____ Date_____ Contact phone number_____
Signatue of Owner or Responsible Agent