

Dental Cleaning and Periodontal Treatment Consent Form

Please read, complete, and return this form on day of surgery.

Surgery Date: _____ **Pet(s):** _____

Procedure(s): _____

Are Vaccinations Current? (Distemper, Parvo, Bordetella and Rabies) () Yes () No
(FVRCP, Feline Leukemia, and Rabies for cats)

If yes, where and when were the vaccinations given? _____

Microchip: I would like microchipping performed on my pet while under anesthesia. We use the Home Again pet identification and retrieval system. Additional cost of \$49.99 and that includes the national enrollment fee.

() Yes, I accept () No, I decline

Patient Information:

Yes No

() () Did your pet eat this morning?

() () Has your pet had any vomiting, diarrhea or coughing within 20 days?

() () Has your pet ever had seizures?

() () Is your pet allergic to any medications, anesthetics or vaccines?

If so, please list: _____

() () Is your pet presently on medication(s) including aspirin?

If so, please list: _____

Hospital and Procedural Information:

- **Antibiotics** are an additional fee ranging from \$15.00 to \$45.00 and may be prescribed by the doctor for your pet's oral hygiene needs. **Please initial if you would prefer antibiotics to be prescribed** _____
- **Pain management** may be necessary if extensive gum disease or extractions are performed. The doctor will recommend pain medications in these cases, at an additional fee ranging from \$10.00 to \$55.00. **Please initial if you would prefer pain medications to be prescribed** _____

Anesthetic Safety:

Before your pet is anesthetized, the doctors **recommend** pre-anesthetic screening to help identify potential underlying health issues that may influence the anesthetic protocol. Blood screening also establishes a baseline of values in case future medical conditions should arise. **Bloodwork may be required in some pets.**

____ **Profile 1 \$42.50** Recommended for healthy pets younger than 6 years Pre-anesthetic:
Creatinine (kidney), Bun (kidney), ALKP (liver), ALT (liver), Glucose (sugar), TP (hydration), and electrolytes.

____ **Profile 2 \$68.50** Recommended for healthy pets 6-9 years old Pre-anesthetic with CBC:
Includes all tests in profile 1, plus; Complete blood count (assess anemia, infection, clotting).

____ **Profile 3 \$94.00** Recommended for healthy pets 9 years or older or those with questionable health status
General Health Profile: Includes all tests in profiles 1 & 2, plus ALB (protein), Amylase (pancreas).
Bilirubin (liver), Phosphorus (kidney) and Cholesterol. Complete blood count (assess anemia, infection, clotting)

____ I am declining the recommended pre-anesthetic blood screening and request that you proceed with anesthesia.

I fully understand that anesthesia and surgery always carry a potential risk.

IV Safety

Intravenous catheter and fluids is the standard of care for all human anesthetic procedures and is advised in our pets to increase safety, protect vital organs, and speed anesthetic recovery. For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (I.V.) can be placed. It is recommended for any age and required for geriatric or sick patients. This is offered at a discounted fee of \$49.00.

- I authorize the above IV safety (may be required on some patients)
 I do not authorize the above IV safety

Extractions:

It is impossible to predict how many teeth may need extraction when an animal is awake because tarter and movement interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infections for other organ systems (liver, kidneys, lungs, and heart). During the dental cleaning, the teeth are evaluated, and if found to be too severely diseased oral surgery may be required to extract teeth that are not easily removed. The cost of extractions varies depending on the difficulty and can range from \$18.00 to \$90.00 per tooth.

_____ I authorize all medically necessary extractions be performed.

_____ I prefer to be called before any extractions are performed. If I cannot be reached, I authorize you to proceed with all necessary dental procedures.

_____ If I cannot be contacted by phone, I do **not** authorize complicated extractions to be performed.
**Please be aware that if you decline and needed procedures at this time, your pet would need a second anesthesia at another time in order for those procedures to be performed.*

_____ I would prefer to seek out a dental specialist for further treatment such as root canals, fillings, and advanced orthodontics.

Your contact phone number during procedure: _____ (Usually between 9:00AM and 2:00PM)

Signature of owner or Authorized Agent: _____