

Dental Treatment Consent Form

IN-PATIENT QUESTIONNAIRE

1. Given food last to the patient (time): _____

2. Is your pet taking any medication(s)? NO YES

3. Showing any signs of illness? NO YES

4. Has your pet had any previous reactions to anesthesia? NO YES

Additional Services: Pain Medication: NO YES

E-Collar: NO YES

Microchip: NO YES

Vaccines: NO YES If yes, please list vaccines you request: _____

Prior to anesthesia, a brief physical examination will be performed to identify any existing medical conditions that could complicate the procedure & compromise the health of your pet. There is always the possibility a physical exam alone will not identify all of your pet's health problems. Prior to anesthesia a **pre-anesthetic blood test** can be performed. Blood tests can reduce the risk of **complications** as well as **identify medical conditions** that could require medical treatment in the future. Animals over the age of 7 are strongly recommended to have blood tests prior to anesthesia. **Intravenous fluid therapy** should be administered during the procedure to help support blood pressure & process anesthetic drugs.

PLEASE CHOOSE FROM THE FOLLOWING RECOMENDATIONS:

Pre-anesthetic profile & CBC (patients under 7 years old)

Senior profile + T4 & CBC (patients 7 years and older)

IV Fluids

I decline the blood tests at this time & request you proceed with anesthesia. I understand medical conditions may exist which would be impossible to identify during a physical exam alone. I understand that my pet's health could be at risk if such a condition becomes apparent when my pet is placed under anesthesia.

AUTHORIZATION

I verify I am the owner (or Authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.

I have been advised as to the nature of this procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals, and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or surgical procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian’s professional judgement. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. Upon the occasion that my pet needs to stay overnight, I understand no staff will be attending to my pet overnight (pets needing special care may be referred to a 24 hour hospital).

Signature of Owner or Agent: _____ Date: _____

Phone number where you may be reached today: _____

Dental Procedure:

The veterinarian will examine the teeth and gum tissue after they have been cleaned and polished. This will determine if further treatment is indicated. Additional treatments may include root care, gingival (gum) therapy or extraction(s). For these reasons, we cannot always determine if extractions are necessary during a pre-anesthetic exam.

_____ I authorize all medically necessary extractions be performed

_____ I DO NOT authorize any extractions to be performed *I understand my pet may require an additional anesthetic procedure, at a future date to pursue any additional problems*