

## **Dental Treatment Consent Form**

Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Your pet has dental disease that requires general anesthesia to treat and may require tooth extraction(s). While serious complications are extremely rare, they can occur and we want you to be aware of them. Because untreated dental disease always progresses, the risk to your pet from his/her disease is greater than the risk of treatment. Untreated dental disease causes pain, and results in a chronic infection in the mouth that may affect the jaw bone, kidneys, liver and/or heart.

### **Included in our dental procedures:**

Physical exam, pre-anesthetic bloodwork, full mouth dental radiographs/x-rays, teeth scaled/polished, and complimentary nail trim.

**\*Unless specified on estimate, procedure excludes extractions, pain medications, vaccines, etc.**

### **Medical History:**

Please indicate if your pet has any of the following:

\_\_\_ Heart condition

\_\_\_ Pregnant

\_\_\_ Bleeding disorder

\_\_\_ Seizures

\_\_\_ Respiratory condition

\_\_\_ Allergies

\_\_\_ Diabetes

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Reactions to medication(s) - if yes, which medication(s) \_\_\_\_\_

\_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

Any medications and/or supplements given in the last 24 hours if yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **DOG:**

Tested for heartworm disease within the last year? \_\_\_Yes \_\_\_No

Tested for intestinal parasites within the last year? \_\_\_Yes \_\_\_No

Current on heartworm prevention? \_\_\_Yes \_\_\_No

Current on vaccines (da2pp, rabies, bordetella)? \_\_\_Yes \_\_\_No

**CAT:**

Tested for feline leukemia and FIV in the last year? \_\_\_Yes \_\_\_No

Tested for intestinal parasites within the last year? \_\_\_Yes \_\_\_No

Current on vaccines (fvrcp, rabies)? \_\_\_Yes \_\_\_No

**Additional Procedures:**

Please indicate any additional treatments you would like your pet to receive today at an additional cost:

\_\_\_ Vaccination(s)\$\_\_\_

\_\_\_ Ear flushing \$\_\_\_

\_\_\_ Clip mats \$\_\_\_

\_\_\_ Express anal sacs \$\_\_\_

\_\_\_ Products \$\_\_\_ (please indicate which products): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other procedures or services you would like: \_\_\_\_\_

\_\_\_\_\_

**Catheter/IV fluids:**

Prior to anesthesia, an IV catheter will be placed in your pet's leg to serve as an access port in the event life-saving drugs are needed. IV fluids given to your pet before, during, and after the dental procedure help to maintain blood pressure and assists to quicken recovery. This is required for all dental procedures unless otherwise indicated by the veterinarian.

**Extractions/Periodontal Treatments:**

In many dental disease cases, extraction of diseased tooth/teeth or periodontal treatment of diseased tooth/teeth is necessary to prevent further infection and pain. These procedures result in additional charges. If we discover these conditions in your pet, how would you like us to proceed?

**Please Initial one of following options:**

1. \_\_\_ I authorize any treatment needed regardless of cost. Do whatever is needed.
2. \_\_\_ I authorize scaling, polishing and extractions and treatment up to the limit of my estimate (\$\_\_\_\_\_). Please call for any additional costs that may arise.

**Authorization to Proceed:**

- I authorize the use of the appropriate anesthetics/medications. I understand that even with every conceivable precaution taken, any time an animal is

anesthetized there is a risk that an adverse reaction may occur, potentially resulting in death.

- I understand that during a dental cleaning procedure, that an unforeseen/unknown medical condition may become evident that necessitates an extension of or an addition to this procedure. Your pet may require reversal agents to reverse the effects of anesthetics. I authorize the performance of such procedures as are perceived necessary in the professional judgment of the veterinarian.
- I understand the results of any procedure/sedation cannot be guaranteed.
- I am aware of the risks and understand the information presented in this consent form.

**I give authorization to proceed with this dental/surgery and to perform any, and all, life-saving procedures should the need arise:**

☐ **Yes** ☐ **No (do not resuscitate, DNR)**

Please ask if you have any questions about your pet's care. As the owner/agent of this pet, I give permission to Boyd's Creek Animal Hospital to provide dental treatment.

☐ I have received and signed an estimate

☐ I have not received nor signed an estimate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witness:** \_\_\_\_\_