

Dental Consent Form

Patient medication and Allergy History

Client Name: _____

Patient Name: _____

Is your pet currently taking any medications or over the counter supplements?

YES NO

If yes, please list the all prescription and over the counter medications and current dose:

Does your pet have any allergies? YES NO

If yes, please list all known allergies _____

Extraction Consent

Your pet is being admitted for a comprehensive oral health assessment and treatment. This is a rough estimate of the expected expenses for your pet based on the initial visual exam. It is good for 30 days. Sometimes with dental disease, problems that are present may not be revealed until a thorough exam under general anesthesia is performed. Dental radiographs are utilized to assess disease below the gum line during this exam. Since it is difficult to predict the extent of disease process on a rough visual exam, variations in cost may occur. In cases where further work is required and further expenses may result, every attempt will be made by the doctor to contact the owner, to discuss the case. If contact cannot be made at the phone numbers provided within 15 minutes and the nature of the procedure is deemed an emergency, a decision may have to be performed without prior notification. If the procedures are of a non-emergency nature (non-life threatening), and they are deemed both necessary and desirable for the health of the pet in the attending veterinarian's professional judgment, I prefer the following:

Dental procedures, including simple and surgical extractions can be associated with risks. I understand these risks may include broken tooth roots, bleeding, dry sockets, and damage to surrounding tissues. Rarely, fractures of the bone may occur, necessitating further work. At our hospital, every effort is made to predict and avoid these complications but unforeseen events may occur.

Have the doctor proceed with all procedures, including unforeseen tooth extractions as determined by the attending doctor.

Have the doctor proceed with all procedures, including unforeseen tooth extractions, up to \$ _____ cost. Please call to discuss the case if more work is needed beyond this cost. If I am unable to be reached, only part of the needed work will be done and the procedure may be finished at a later date. This will increase the total cost of the work.

Call me if any additional work, including unforeseen tooth extraction, is needed. I understand that if I cannot be reached, no additional work will be performed and may have to be completed at a later date. This will increase the total cost.

I prefer my pet be referred to a board certified Veterinary Dental Specialist and do not authorize any extractions.

Dental Radiograph Consent

I understand that disease below the gum line involving the tooth roots and all surrounding tissues cannot always be assessed without dental radiographs. The fee for Dental Radiographs is \$84.00-\$126.00 depending on how many views are necessary.

I authorize the attending doctor to proceed with dental radiographs as deemed necessary.

I do not authorize any dental radiographs.

Call before dental radiographs are done.

Preoperative Blood Test Consent

Anesthetic Risks

The anesthetic risk of serious complications from routine procedures on healthy animals is less than one in 5000 in our practice. The risk is higher in animals with health problems. The required physical exam will discover about 95% of these problems. Preoperative procedures such as x-rays, blood tests and electrocardiograms may help detect underlying problems that are not apparent from physical exam and history. Health problems that increase the risk are more likely in animals over eight years of age. While helpful, all of these tests together would increase the cost of a procedure by \$71.00 to \$350.00. Therefore, they are usually not done unless there are known risk factors, suspicious signs or if the owner requests them. If you wish these or other preoperative blood tests we can provide them at East Suburban Animal Hospital, even on the same day as surgery in most cases.

Preoperative blood tests are highly recommended in animals over 8 years old.

I understand if tests are not performed, underlying disease processes may be missed.

I request preoperative blood tests at a fee of \$71.00

I decline preoperative blood tests

Pain Management

Animals have pain with surgical procedures and we feel an obligation to provide pain relief. This will not only make the pet more comfortable but also potentially speed recovery and decrease the risk of complications. Pain relief will be provided the morning of the surgery before the procedure begins, during the surgery and for 3 or more days afterward depending on the procedure and needs of the pet. If considered to be needed, a supply of pain medicine will be dispensed or prescribed for you to give at home. The doctor will decide on a case-by-case basis which medication is best for your pet.

The quote given with the estimate is the cost of our usual protocol but may vary as indicated.

I understand that no guarantee for success can be given and that some risks are involved in all procedures. The risks have been explained to my satisfaction and the East Suburban Animal Hospital has my permission to perform the above procedure as indicated.

****A specific veterinarian will perform the procedure ONLY IF REQUESTED AND INITIALED HERE:**

Specific Requested Veterinarian _____ initials _____

I understand that in an emergency situation, any veterinarian at the East Suburban Animal Hospital may need to take action and give needed care and there may be additional charges.

I understand that the ultimate success of the proposed dental treatment may depend on adequate home care and follow-up and acknowledge my responsibility in this regard, particularly for periodontal disease.

I understand East Suburban Animal Hospital is NOT a 24-hour facility.

Date _____ Signature _____

Emergency phone number _____ ask for _____

_____ ask for _____

Technician Initials: _____