

Client ID: \_\_\_\_\_

Rev: January 2019

**Consent For Dental Care**

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

I, the undersigned owner, or owner's authorized agent, of the above pet certify that I am (18) eighteen years of age or over, and I have been informed that my pet is in need of preventive or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff veterinarians at this facility. These procedures include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions. Since your pet will be undergoing general anesthesia today, we will perform a pre-surgical blood profile on your pet.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required, and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I am aware that these possible extractions are an extra service and extra fees will apply. I consent these to extractions at the discretion of the attending Veterinarian and agree to pay for all related fees as these will enhance the outcome of the procedure and life of my pet. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that an estimate of the fees can be provided at request to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the balance of services rendered, and agree to provide payment on a cash, credit card or check basis at the time my pet is discharged.

**CERENIA/ANTI-NAUSEA INJECTION:** I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ wish my pet to receive this injection (Please Check One, recommended). Cost is based on pet's weight: <22 lbs \$29, 22.1-44 lbs \$58, 44.1-88 lbs \$72.50, 88.1-132 lbs \$87, >132.1 lbs \$116.

**IV CATHETER PLACEMENT\*:** I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ wish to have an IV Catheter placed in my pet which allows immediate vein access if needed during surgery for a fee of \$25. (Please Check One, recommended\*)

**MICROCHIP:** I DO \_\_\_\_\_ I DO NOT \_\_\_\_\_ wish to have my pet microchip, for a one time fee of \$24.95 (Please Check One, recommended).

**TOOTH EXTRACTIONS:** I wish to be contacted by phone prior to extractions of any teeth YES\_\_\_ NO\_\_\_ (Must check one: If NO is marked or YES is marked, and you are unable to be reached by phone, then teeth will be extracted at the attending veterinarian's discretion).

**HOSPITALIZATION:** If needs to stay for overnight hospitalization, I DO \_\_\_\_\_ wish to have Hospitalized at Northwood, understanding that there is no on-site personnel after hours and therefore NO overnight monitoring of Hospitalized patients: I DO NOT \_\_\_\_\_ wish to have Hospitalized at Northwood and elect to be transferred to a 24 hour/ after hours facility for observation, understanding I will be responsible for transport and expense.

\*It is our Hospital policy to place an IV Catheter on all patients 7 years of age and older.

\*Depending on age, blood test results, and general health the attending veterinarian may instruct to use IV Fluids during the procedure (extra fees will apply).

Phone numbers / email where I can be reached today: \_\_\_\_\_

If Owner is Unavailable, Name and Number of Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Date

**What is a Pre-Surgical Bloodwork Profile?**

This consists of a CBC, which will check blood cells, and an ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes. These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery.