

# DENTISTRY CONSENT FORM

Patient's name \_\_\_\_\_ Owner's Name \_\_\_\_\_

To make your pets dental procedure as safe as possible, please take a few minutes to review and complete this consent form.

## Medical history

Does your pet have any of the following? Please check all that apply. If you are uncertain about any possible condition, please ask us.

Heart condition	Bleeding Disorder
Diabetes	Respiratory Condition
Pregnant	Reaction to Medications
Deciduous (baby) teeth	
Other _____	

## Dogs

Tested for heartworm disease within one year? Yes No  
Current on heartworm preventative and immunizations  
(DHP-P, Bordetella, Rabies)? Yes No

## Cats

Tested for feline leukemia and feline immunodeficiency virus? Yes No  
Current on immunizations (FVRCP, Rabies)? Yes No  
Reviewed by \_\_\_\_\_

## Estimate of gum disease before dental prophylaxis

Based on an examination, we would describe your pet's oral health as:

Stage I disease: Initial gum disease and periodontitis

Stage II disease: Early gum disease and periodontitis

Stage III disease: Established gum disease and periodontitis

Stage IV disease: Advanced gum disease and periodontitis

Evaluation by \_\_\_\_\_

## Consent for Tooth Extractions

In many gum disease cases, especially III, IV, extraction of diseased teeth is necessary to prevent further infection and pain. We will try to contact you before extracting any teeth. If we can't reach you by phone during the procedure, we require your prior consent to extract any severely diseased teeth. Extractions will result in additional charges. You may ask a staff member for a written estimate of these charges. Suspicious teeth present that may require extraction?  
Yes No

Owner's signature \_\_\_\_\_

## Microchips save lives

We recommend implanting microchips in case pets are lost or stolen. This is a permanent identification that your pet can never lose, alter or damage. The charge is \$35 with the dental. Animal shelters nationwide routinely scan all pets they receive.

I would like to have the recommended microchip implanted in my pet.

Yes No

Owner's signature \_\_\_\_\_

## Dental programs

Because we care about your pet's safety and comfort during a dental procedure, we provide the following procedures with all dental cleanings. As with any procedure requiring general anesthesia, serious complications or even death can result. To minimize this risk, all patients receive:

1. Anesthetic safety screening (blood tests) to ensure proper liver and kidney function and to serve as a baseline for future reference.
2. Intravenous catheter and fluid therapy to maintain blood pressure.
3. State-of-the-art monitoring with pulse oximetry, electrocardiography, heart monitor and an assistant remains with the pet until full recovery.
4. Home dental care starter kit.
5. Additional pain medication (if needed).

**Antibiotics:** If necessary, which type of medication do you prefer to give your pet? Liquid Tablets

**Anesthesia:** Your pet will have general anesthesia during the dental cleaning. There are inherent risks of anesthesia which include but are not limited to allergic reactions to drugs, tracheal perforation, cardiovascular collapse, organ damage and VERY RARELY death. These complications are extremely rare and every precaution will be taken to ensure your pet's safety.

I am aware of the risks of anesthesia and understand the information presented in this consent form, and I authorize you to proceed with treatment and perform any and all life-saving procedures should the need arise.

Signed \_\_\_\_\_  
(Pet owner)

\_\_\_\_\_  
(Staff witness)

Date \_\_\_\_\_

Phone number where we can reach you during the procedure: \_\_\_\_\_