



Owner's Name _____ Date _____

ADDITIONAL PROCEDURES/SURGERY TO BE PERFORMED WITH DENTAL

(IF LUMPS/BUMPS/MASSES ARE TO BE REMOVED, PLEASE ASK FOR A SKIN
MARKER AND IDENTIFY ALL AREAS BY CIRCLING THEM ON PET'S SKIN)

Dental Prophylaxis

For your pet's safety, comfort, and well-being, we provide the following with all dental cleanings:

- Physical exam
- Fluoride Treatment
- Teeth Cleaned/Polished
- Antibiotic Injection
- Pre-Anesthetic Blood Testing

MEDICAL HISTORY

Does your pet have any of the following? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory Condition |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Reaction to medications |
| <input type="checkbox"/> Other _____ | |

All Owners

When did your pet last eat? _____

What medications have you given your pet in the last 24 hours (Note time given also)? _____

Dog Owners

Tested for heartworm disease within 2 years? ☐ Yes ☐ No

Current on heartworm preventive and vaccinations (distemper/parvo, rabies, Bordetella)? ☐ Yes ☐ No

(All dogs must be current on the above before sedating for any surgery/procedure.)

Reviewed By: _____

Cat Owners

• Currently on vaccinations (distemper, rabies)? ☐ Yes ☐ No

(All cats must be current on the above before sedation for any surgery/procedure.)

• Tested for Feline Leukemia Virus? ☐ Yes ☐ No

• Tested for FIV? ☐ Yes ☐ No

We strongly recommend that all cats have a negative FELV/FIV status prior to anesthesia. Should your cat have Feline Leukemia or FIV virus, complications or even death could result from your cat receiving anesthesia/surgical procedures. The cost of this test is \$ _____.

I would like to have my cat Feline Leukemia/FIV tested.

☐ Yes ☐ No

Reviewed By: _____

Consent for Extractions/Periodontal Treatments

In many gum disease cases, extraction of diseased teeth or periodontal treatment of diseased teeth is necessary to prevent further infection and pain. These procedures result in additional charges. If further dental problems are detected while your pet is under anesthesia, how should we handle them? PLEASE INDICATE ONLY ONE OPTION

- ☐ A. Please do whatever is needed.
- ☐ B. Please do whatever is needed up to an additional \$ _____ without calling me.
- ☐ C. Please call me at the phone number below to do anything else. If for any reason I am unavailable when you call me, please:
 - ☐ a. Perform whatever procedures are needed.
 - ☐ b. Do whatever is needed up to an additional \$ _____
- ☐ D. Do nothing more than I have authorized. I understand that my pet will have to undergo another anesthetic procedure to complete any further dental treatment.

Antibiotics

If it becomes necessary to send home antibiotics with your pet, which type do you prefer? ☐ Liquid ☐ Tablet

Catheter and Fluids

Prior to anesthesia, an IV catheter may be placed in your pet's leg to serve as an access port in the event life-saving drugs or fluids are needed during anesthesia. In addition, your pet also has the option of receiving IV fluids during and after surgery to help maintain blood pressure and to quicken recovery. The cost for these procedures is \$ _____ for IV Catheter and \$ _____ for IV catheter and IV fluid administration.

Please choose from one of the following options:

(Note: Aged, infirm, or critically-ill patients undergoing surgery are required to have an IV catheter and fluids)

- ☐ YES - I want my pet to receive an IV catheter.
- ☐ YES - I want my pet to receive an IV catheter and IV fluids.
- ☐ NO - I decline IV catheterization and IV fluids for my pet.

Authorization to Proceed

• I authorize the use of the appropriate anesthetics/medications and support personnel judged necessary by the veterinarian. I understand that even with every conceivable precaution taken, anytime an animal is anesthetized there is a slight risk that an adverse reaction may occur potentially resulting in death.

• I understand that during the above listed procedure(s)/surgeries, and unforeseen medical condition may become evident that necessitates an extension of or an addition to these procedures. I authorize the performance of such procedure(s)/surgeries as are perceived necessary in the professional judgement of the veterinarian.

• I understand that the results of any procedure/operation cannot be guaranteed.

I am aware of the risks and understand the information presented in this consent form, and I give authorization to proceed with procedure/surgery and perform any and all life-saving procedures should the need arise.

Signed _____
(Owner/Agent)

Signed _____
(Staff Witness)

Phone Number where we can reach you during the procedure: _____