

Client: _____
Date «CURRENTDATE[SHORT]»

Patient: _____
Color «COLOR»

Species «SPECIES»
Weight lbs.

DENTAL CONSENT FORM

I hereby authorize to perform teeth cleaning procedure and associated anesthesia. I understand that unforeseen conditions may require an extension of a planned procedure. I hereby consent and authorize the performance of routine teeth cleaning as are necessary and advisable in the professional judgement of the veterinarian. I understand this facility does not do advance dental procedures such as cavity filling, root canals or reconstructive procedure

VETERINARIAN RECOMMENDED

Physical Exam:

Physical exam is our head to tail exam, check for oral health (if possible), mucous membrane colors, capillary refill time, lymph nodes, heart auscultation, lung sounds, abdominal palpation to check for any possible abnormality, feet, muscle and joints and skin including feet. Exam is mandatory for pets 6 years old or older

I DO DONOT Authorize (mandatory for pets 6 years old or older) **Physical Exam (\$\$)**

Pre-Anesthetic Oral X-Rays:

Pre-anesthetic Oral X-rays are 3 views x-ray exam and read by a radiologist with a report available within one hour before proceeding with dental procedure. X-rays determine a problem tooth or multiple teeth which could be looking healthy but have deep pockets that will warrant an extraction or require a veterinary dental specialist for further care.

I DO DONOT Authorize **pre-anesthetic 3 View Oral X-Rays With Stat Radiologist report (\$\$\$)**

Intra-venous Catheter:

Intra-venous catheters help deliver pre-anesthetic drugs safely and help ensure access to vein to deliver life saving medication should an anesthetic emergency arise.

I DO DONOT Authorize **intra-venous catheter (\$\$)**

DIAGNOSTIC TESTS & EXTRACTION(S)

*Mandatory for all sick pets & pets over 6 years of age.

*Pre-Anesthetic Complete Blood Count(CBC) Screening Test:

Complete Blood Count(CBC) provides valuable information about pet's Red Blood Cells, White Blood Cells and Platelets. This information is very helpful in diagnosing infection, anemia, low hemoglobin, low platelets, the information helps determine if it's safe to proceed with procedures specially if extractions are needed.

I DO DONOT Authorize **pre-anesthetic Complete Blood Count(CBC) screening tests (\$\$)**

*Pre-Anesthetic Internal Organ Screening Test: mandatory for pets 6 years or older

Pre-anesthetic blood tests provide vital information about the internal organs like Liver, Kidneys, Pancreas and help us determine anesthesia and its dose. These organs help metabolize anesthetics and help patient recover from anesthesia.

I DO DONOT Authorize **pre-surgery internal organ screening tests (Chemistry10) (\$\$\$)**

Pre-Anesthetic Cardiac Evaluation:

An ECG screening is done before anesthesia and sent for a quick review by a board certified cardiologist to help proceed with surgery.

I DO DONOT Authorize **pre-surgery cardiac evaluation (\$\$)**

*Pre-Anesthetic Cardiac ENZYME Blood Test(cardiopet proBNP) FOR CATS ONLY : mandatory for cats 6 years or older

Cats are known to have hidden cardiac issues, this test a screening test for any potential cardiac issue. This test is very helpful in identifying if a cardiac problem exist but does not diagnose all the cardiac problems

I DO DONOT Authorize **pre-anesthetic Cardiac Enzyme(cardiopet proBNP) Blood Test (\$\$)**

Teeth Extraction(s):

Teeth extraction are often unpredictable in pets due to tartar built up and not able to do a complete oral exam without sedation. Pets often need teeth extractions when teeth are loose, causing gum infection or developing periodontal disease.

I DO Authorize **Any Number of Teeth Extraction**

I DO Authorize \$ _____ **Teeth Extraction**

I DONOT Authorize **Tooth/Teeth Extraction(s)**

***Extraction can some time cause broken tooth with retained root(s), gum infection and sometime bone fragment or fracture. We hold no responsibility of such complications and we cannot predict the outcome of any extractions.**

Post Teeth Cleaning Fluoride polishing &/ Dental Prophylactic Sealant:

An ECG screening is done before anesthesia and sent for a quick review by a board certified cardiologist to help proceed with surgery.

I DO DONOT Authorize **post teeth cleaning Fluoride Polishing to seal cracks in dental enamel (\$\$)**

I DO DONOT Authorize **post teeth cleaning dental prophylactic dental antibiotic sealant (\$\$)**

Client/Authorized agent's Signature: _____

Date: _____