



7136 E. County Line Road Highlands Ranch, CO 80126 303-796-0800

CONSENT FOR DENTAL TREATMENT

Owner _____ Pet's Name _____ Age _____

Procedures to be performed:

Dental Cleaning _____ Other Surgery _____ Laser _____

Other services needed while in hospital?

Heartworm Test _____ Intestinal Parasite Exam _____ Urinalysis _____

Microchip _____ Other _____

I hereby authorize Dr. _____ and whomever he/she designates as their assistants to perform a dental with Anesthesia. I also authorize and understand quality standards of veterinary dental medicine may require antibiotics, EXTRACTIONS due to periodontal disease, dental x-rays to diagnose disease, analgesic medications and treatment of periodontal pockets.

I, the undersigned owner or owner's agent, am responsible for seeking veterinary dental care for the pet identified above, and hereby consent to the examination and treatment of same to provide optimum health and quality of life. It has been explained to me that there are conditions such as chipped, fractured, broken or abscessed teeth that are very painful and may require extraction for my pet's health and comfort.

Factors that limit our ability to detect all dental problems your pet may have during an initial exam includes:

1. Visualization of all the teeth, especially the back teeth, is not always possible when your pet is awake.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Dental tartar can hide underlying cavities or fractures.
4. Some problems can be detected only with X-rays. X-rays are only done if deemed necessary by the veterinarian. (\$35 single film, \$20 each additional or \$150 whole mouth)

The teeth will be cleaned with an ultrasonic scaler, polished and treated with fluoride. Any loose, severely infected or damaged teeth will be extracted at the doctor's discretion and antibiotics and/or pain medication may be required. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risks involved in these procedures.

I understand that the dental care my pet will receive today includes general anesthesia. I also understand that some risks always exist with anesthesia and I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. Should some life-saving emergency care be required and the attending veterinarian is unable to reach me, the hospital's staff has my permission to provide such treatment and I agree to pay for such care.

Like you, our greatest concern is the well being of your pet. Before putting your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidneys and

blood, may not be detected unless blood testing is performed. Such tests are especially important before anesthesia. We strongly recommend that all patients receive a blood screen before such procedures.

_____ BLOOD SCREEN #1 HEALTHY PATIENTS UNDER 2 YEARS \$110

_____ BLOOD SCREEN #2 HEALTHY PATIENTS 2-7 YEARS \$130

_____ BLOOD SCREEN #3 PATIENTS OVER 7 YEARS OR PATIENTS WITH EXISTING MEDICAL CONDITIONS \$169

_____ **Yes**, I want my pet to have a BLOOD SCREEN prior to an anesthetic procedure

_____ **No**, I decline this BLOOD SCREEN and I understand the risks.

_____ Yes, I would like the 6 months gel plaque preventative, Sanos, to be applied after the teeth have been professionally cleaned and polished. \$115

_____ Yes, I would like Oravet Dental Chews to go home to continue the anti-plaque protection and bad breath reduction.

_____ YES, I would like an ESTIMATE of potential dental work that may need to be done.

Authorization:

Extent of dental services desired (PLEASE CHECK ONE)

I understand additional treatment may incur increased expense. If during the procedure, any unforeseen dental procedures become necessary and desirable in the veterinarian's professional judgment:

_____ I prefer that you proceed with additional dental procedures, including extraction of teeth.

_____ I prefer to be called before any additional procedures, other than emergencies, are performed. If I Cannot be reached, I authorize you to proceed with additional dental procedures.

_____ If I cannot be reached by phone, I do not authorize any unforeseen dental procedures. I understand my Pet may need to undergo anesthesia again to complete the dental treatment.

A thorough dental cleaning and treatment of dental disease is just one step in preventative dental care. Home dental care after our veterinary treatment goes a long way to provide long term healthy teeth and gums, not to mention good breath. One study showed increased life expectancy of two years with good dental hygiene. We are happy to schedule an appointment to walk you through brushing of teeth and home dental care.

I have read and understand the above conditions of this hospital & authorize the above indicated treatments.

Payment in full is required at the time services are rendered by Cash, Check, Credit Card or Care Credit.

Owner or Agent's Signature

Date

Phone numbers where I can be reached today