

DENTAL TREATMENT CONSENT FORM

OWNER'S NAME: _____ DATE: _____

I, _____, am the owner or agent of the above described patient and have the authority to execute this consent. I authorize these procedures to be performed:

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|---------------------------------------|--|-------------------------------|
| * Pre-anesthetic Bloodwork | * Pain medication is given if | * Extractions will be done if |
| * Anesthesia Induction (\$24) | teeth are extracted or extensive | necessary |
| * Anesthesia (\$120 per hour) | gumwork is done. | 1 root (\$17) per tooth |
| * Scale & polish Feline (\$52) | (\$23-\$43 depending on weight) | 2 root (\$25) per tooth |
| * Scale & polish Canine (\$62) | * Excessive tarter (\$18) | 3 root (\$43) per tooth |
| * Preprocedural antibiotic inj (\$32) | * Antibiotics or additional pain meds may be prescribed if needed. | |

CONSENT FOR EXTRACTIONS / ORAL SURGERY / PERIODONTAL TREATMENT	CATHETER AND FLUIDS
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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?

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 costs for these procedures are:
 \$44.00 for IV Catheter and \$84.00 for IV catheter and IV fluid administration.

PLEASE INDICATE ONLY ONE OPTION	PLEASE CHOOSE FROM ONE OF THE FOLLOWING OPTIONS:
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- 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 needed.
- b. Do whatever is needed up to an additional \$_____
- c. Do nothing more than I have authorized.

- YES - I want my pet to receive an IV catheter.
- YES - I want my pet to receive an IV catheter & IV fluids
- NO - I decline IV catheterization and IV fluids
- (NOTE: Aged, infirm, or critically-ill patients undergoing surgery are required to have an IV catheter and fluids at Dr. discretion.)*

ALL OWNERS	DOG OWNERS
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When did your pet last eat? _____

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

We strongly recommend that all dogs be current on a heartworm test/prevention prior to anesthesia. Should your dog have Heartworm disease, complications or even death could result from your dog receiving anesthesia/surgical procedures. The cost of this test is \$28.

CAT OWNERS	ORAVET SEALANT BARRIER
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We strongly recommend that all cats be negative FELV/FIV 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 \$42. I would like to have my cat Feline Leukemia and Fiv tested yes no

I would like to have my dog Heartworm tested
 yes no

I would like to purchase heartworm prevention at this time
 yes no

Please circle one: 6month supply 12month supply
 Iverhart Revolution Sentinel

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) an 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 perceived necessary in the professional judgment of the veterinarian. I understand that the results of any procedure/operation cannot be guaranteed.

I am aware of the risk 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: _____ Phone Number where we can reach you during procedure: _____
 Date: _____

