



Dental Surgery Consent Form

RISK, PAIN AND GENERAL ANESTHESIA:

Your pet will be undergoing general anesthesia and dental surgery today. Most pets tolerate anesthesia well, however no anesthetic can be considered risk free. Our greatest concern is your pet's safety and well being. The anesthetic protocols and special equipment we use are designed to minimize any risks; however, risks can be further reduced by performing pre-anesthetic blood screening. This screening can help us recognize underlying abnormalities your pet may have and consists of a complete blood count (CBC), which will check blood cells, and a chemistry panel which will assess organ function.

These blood tests will help us to assess the health status of your pet more completely and determine if there are any additional precautions we need to take before surgery. A pre-anesthetic blood profile is included in your pet's dental or surgical treatment plan when they are over 7 years old (unless otherwise specified). We highly recommend a blood profile for all animals. There are **additional charges** for these blood tests.

PRE-ANESTHETIC SCREENING AND DENTAL RADIOGRAPH WAIVER:

I consent to have a blood panel run prior to anesthesia today <small>**included in your pet's treatment plan in dogs >7 years and cats >10 years unless otherwise discussed with your Veterinarian</small>	ACCEPT <input type="checkbox"/> DECLINE <input type="checkbox"/>
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I understand and assume all responsibility for additional risks/complications resulting from refusal to approve this blood screening for my pet's safety.

DENTAL RADIOGRAPHS:

Radiographs are vital in the evaluation of your pet's dental health to allow for detection of issues below the gumline that cannot be seen visually during an oral exam. We perform full mouth radiographs on all cases.

*Dental extractions cannot be done without dental radiographs.

☐ I have read and understand

ADDITIONAL SERVICES:

1. I consent to have heartworm testing run today	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. I consent to have a FIV/Feline Leukemia testing run today <small>*CATS ONLY*</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. I consent to have my pet's vaccinations updated today <small>(\$40.04 + GST each vaccine) **Please discuss options with your veterinary care team</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. I would like to purchase parasite prevention for my pet today <small>**Please discuss options with your veterinary care team</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHAT FLAVOUR OF POLISHING PASTE WOULD YOU LIKE FOR YOUR PET TODAY? <input type="checkbox"/> MINT <input type="checkbox"/> CHERRY <input type="checkbox"/> FRUIT		

IN THE EVENT OF AN EMERGENCY:

I hereby authorize the Dog & Cat Hospital Veterinarian's and their Veterinary Technologist's to perform the following procedure(s) which have been explained to me. If unexpected health problems arise and my pet's medical condition deteriorates while in the hospital necessitating intervention (please select one of the following):

- ☐ perform CPR
☐ DNR (do not resuscitate)

TREATMENT PLAN:

If additional extraction time or periodontal procedures are required, please advise us of what course of action you wish us to take. Please choose ONE of the following options:

- ☐ I authorize the attending Veterinarian to do any extractions, minor dental surgery, and/or procedures deemed necessary while my pet is under anesthesia.
☐ up to \$ _____
☐ as required
- ☐ Please attempt to contact me first. If you are unable to reach me, proceed with necessary care; I will be responsible for additional charges. Please do not exceed \$ _____. (total)
- ☐ Please contact me regarding any additional procedures or costs. If you are unable to reach me, do not perform any services above the provided treatment plan. I will assume responsibility for my decision and understand my pet may require additional procedures under anesthesia at a later time.

DEPOSIT POLICY:

It is the policy of our hospital to collect a minimum of a 50% deposit upon admittance for all procedures.

PAYMENT POLICY:

We accept cash, debit card, VISA, MasterCard, American Express for payment of services. Payment is required in **full** before your pet is discharged from the hospital.

SOCIAL MEDIA RELEASE:

Dog & Cat Hospital occasionally features patients on our Facebook page, Instagram and other social media sites. With your permission we may share your pet's picture, video or story. We may mention your pet by name but will never share your name or any personal information. Please choose one of the following options for social media permissions:

- ☐ Yes, Dog & Cat Hospital may mention my pet on social media channels.
☐ No, please do not share my pet's picture, video or story.

AUTHORIZED CONSENT:

I authorize the discussed dental procedure and anesthesia for my pet and the nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and/or dental surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the procedure(s) have been answered to my satisfaction.

I hereby certify that I am the owner of or are responsible for the above-named animal and have the authority to execute this consent.

Signature: _____ Date: _____
(signature of legal owner or responsible person)

Preferred method of contact:

- ☐ Phone number on file ☐ Text ☐ Call
☐ Alternate phone number: _____ ☐ Text ☐ Call
☐ Other contact: _____
(Name & Number): _____