

Cardinal Animal Hospital, P.A.

Dental Procedure Consent Form

Owner's Name _____ Date _____

Pet's Name _____ Contact Numbers _____

*It is our hospital policy that all animals dropped off must be current on their vaccinations and must be free of external parasites. Any found to have fleas or ticks will be treated at the owner's expense.

Laboratory Testing:

Pets under 6 years of age: If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during preanesthetic examinations. In order to recognize any underlying abnormalities your pet may have, we recommend having a pre-surgical blood profile run on your animal. This consists of a CBC, which will check blood cells, and ALT, ALKP, CREA, GLU, TP, and BUN, which will check blood glucose, kidney and liver enzymes. 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. We hope you understand the need for these important test. **I understand there are additional charges for these services.**

☐ I do consent ☐ I do not consent

Pets over 6 years of age: It is Cardinal Animal Hospital's policy to require all pets 6 years of age and older to have pre-anesthetic bloodwork prior to undergoing anesthesia. If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems can arise, due to pre-existing conditions not evident during pre-anesthetic examinations. My pet is over 6 years of age and I understand that pre-anesthetic bloodwork will be done prior to the procedure.

_____ Initial

Dental Procedure: Your pet is about to undergo a dental procedure which consists of cleaning of the teeth, examination of the teeth for visible cavities, cracked or broken teeth, and any deep pockets underneath the gum line, polishing the teeth and fluoride treating the teeth to help protect them. Many times during the examination problem areas are discovered which require treatment. This may involve gum surgery, extractions, root canals, or infusing a gel into the pockets underneath the gum line. The most common procedure we have to do is extracting the teeth and many times we don't know if this is needed until we get the teeth cleaned and examined. In this case do you give consent for any extractions that Cardinal Animal Hospital deems necessary. **I understand there are additional charges for these services.**

☐ I do consent to additional procedures up to \$100.00 over the cost of a dental cleaning and bloodwork (if required or requested).

(Please keep in mind that your pet will be under anesthesia and if you wish to be called prior to any further procedures this will extend this period, therefore, it is **imperative** that you will be able to be reached at the contact number you have left us. In the event we cannot contact you we will not perform the procedures and wake your pet up from the anesthesia).

☐ I wish to be called prior to any further procedures
☐ I do not consent

Dental X-Rays: Just as in human dentistry problems with the teeth can occur under the gum line where we cannot visualize them during a routine exam. **I understand there are additional charges for this service.**

☐ I do consent ☐ I do not consent

Microchips: Microchips are a new way to find your pet if he/she is lost. I would like to have a microchip implanted while my pet is under anesthesia. **I understand there are additional charges for this service.**

☐ I do consent ☐ I do not consent

Authorization: I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure or procedures set forth above. I expect Cardinal Animal Hospital, P.A. to use reasonable care and judgement in performing the procedure or procedures. The nature of the procedure and risks involved have been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure or procedures will not relieve me from any obligation to all reasonable costs incurred regarding this animal.

Signature _____ **Date** _____