

All Creatures Small Animal Hospital Dental Consent Form

Date: _____ Client: _____ Patient: _____

Please take the time to review this sheet and sign the authorization.

PRE-ANESTHETIC BLOODWORK

We offer the option of pre-anesthetic lab analysis, which entails drawing a small amount of blood from your pet and running tests to evaluate such things as blood sugar, liver and kidney function, presence of anemia or elevated white cell counts which may indicate infection. This is strongly encouraged, as not all conditions affecting the internal organs can be detected on physical exam alone. It is especially important for older animals or those with a history of illness, but is a good precaution for all our patients.

_____ The pre-anesthetic panel evaluates kidney and liver values, blood glucose and electrolytes. The blood count can help screen for anemia, infection or platelet disorders. I approve of the recommended blood tests, to include a pre-anesthetic panel and complete blood count at the cost of \$114.

_____ I approve of the blood tests limited to the pre-anesthetic panel at the cost of \$73

_____ NO – I decline all blood testing at this time

ANESTHESIA

Your pet is scheduled to undergo general anesthesia today to have a dental prophylaxis performed. This entails the administration of gas anesthesia, which is the safest form available. We offer the options of either isoflurane or sevoflurane gas. Isoflurane is the form we use most frequently for surgical procedures and it is considered very safe. Sevoflurane has an even higher safety margin and is rapidly removed from the bloodstream, allowing for pets which are older or suffering from medical conditions to recover more smoothly and quickly. In some cases the veterinarian may recommend this choice for your pet, but we provide this option for all. It is considerably more expensive than Isoflurane, so additional charges apply.

_____ SEVOFLURANE—I select this anesthetic choice at an additional charge of \$48.00 per 30 minutes

_____ ISOFLURANE—I select this option, included in the price of my procedure already

EXTRACTIONS

_____ YES- I approve of the extraction of teeth as deemed necessary by the veterinarian

_____ NO- I wish to be called prior to extraction of any teeth from my pet and will provide a number at which I can be reached during the procedure

PAIN MANAGEMENT

Depending on the extent of dental disease and need for extractions or other procedures, the veterinarian may recommend pain control in the form of nerve blocks, injections and/ or oral medications.

_____ YES- I approve of pain control methods as recommended by the veterinarian

_____ NO- I wish to be called prior to any pain control measures being taken and will provide a number at which I can be reached

DENTAL RADIOGRAPHS

We offer the most modern means of detecting dental disease in your pet through the use of digital dental radiography. Just as your own dentist is able to determine the health or extent of damage to the surface of teeth and their roots, which lie under the surface of the gumline, now we have the means to do so with our pets. We recommend full mouth radiographs prior to the dental procedure itself to identify normal and diseased roots, as well as other conditions of the teeth and their supportive structures. We make this an option to you as it incurs an additional fee. We also offer the option of radiographs being taken of individual teeth after potential disease is suspected (due to visual appearance or the result of dental probing). Should a tooth be determined to require extraction, radiographs are sometimes needed to determine if all of the roots are removed in their entirety.

_____ I approve of full mouth radiographs prior to the dental procedure of my pet at the cost of \$48 for felines and \$69 for canines.

_____ I approve of radiographs taken of individual teeth suspected or known to be diseased on an individual basis at \$12 per radiograph.

_____ I wish to be called after evaluation of my pet's teeth under sedation with the veterinarian's recommendation regarding radiographs, and will provide a number at which I can be reached.

_____ NO-I decline radiographs.

LASER THERAPY

Therapeutic laser treatments increase blood flow to treated areas, reduce pain and inflammation and decrease healing time.

___ YES – Please treat my pet after his/her surgery at the cost of \$24

___ NO – I decline laser therapy

INTRAVENOUS FLUIDS

Placement of an intravenous catheter and administration of IV fluids may be recommended during certain anesthetic procedures to maintain access to a vein for drug administration and to allow control of blood pressure.

___ Yes-I approve the IV catheter (\$32) and fluid therapy (\$11-\$32 Depending on size) as recommended by the veterinarian

___ No – I decline the placement of an IV catheter and IV fluids

Please provide a contact number we will be able to reach you at DURING your pet's procedure if you have elected to be called prior to any elective procedures or pain control.

Signature of Owner _____ Date _____

Emergency contact number _____

Would you like to be called after the dental procedure is completed? YES NO