



DENTAL CLEANING AND PERIODONTAL TREATMENT CONSENT FORM

Owner Responsibility:

- I understand that home care administered by myself or a designated caretaker may be required to achieve best overall success. It is my responsibility to notify Friendship Animal Hospital before altering the doctor's recommendations. I understand that changes, supplementation, or alteration of any prescriptions may possibly result in an unfavorable or detrimental side effect with medical complications.
- I agree to make myself available by telephone during the approximate time interval of 9:00am to 1:00pm.
- Home care instructions will be provided at the time of the pet's discharge.
- I understand that payment for services rendered will be due in full at the time of my pet's discharge.

Hospital and Procedural Information:

- Anesthesia: Pre-surgical blood tests and physical exam will enable us to assess and minimize the risk of anesthesia to your pet.
- Monitoring: To minimize anesthesia risk, we monitor the heart, blood pressure, respiration rates, temperature, and oxygenation.
- Catheterization: For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (I.V.) can be placed. Blood pressure may lower during anesthetic procedures and fluid therapy aids in supporting your pet's internal organ systems. It also allows immediate access to the vascular system in case of an emergency.
- Pain Management may be necessary in some dental procedures. The doctor will administer pain medications according to your pet's needs, which can be an additional fee ranging from \$20.00 to \$50.00.
- Antibiotics are an additional fee ranging from \$20.00 to \$50.00 and may be prescribed by the doctor for your pet's oral hygiene needs.
- Pre-Op Blood Work: Blood work is required for any patient going under anesthesia to ensure that kidney and liver function is adequate to process and eliminate anesthesia.

Patient Information:

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|--|
| () | () | Did your pet eat this morning? |
| () | () | Has your pet had any vomiting, diarrhea or coughing within the last 20 days? |
| () | () | Has your pet ever had seizures? |
| () | () | Is your pet allergic to any medications, anesthetics or vaccines? |
| () | () | Is your pet presently on medication(s) including <u>aspirin</u> ? |

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Dental Radiographs:

The doctor highly recommends radiographs in order to better evaluate your pet's oral health. Much of the teeth lie below the gum line and radiographs aid the doctor in determining the health and structure of the teeth. In a majority of cases, radiographs can confirm the necessity for extraction of a tooth that may be loose, damaged or severely diseased. The cost of full mouth x-rays are \$80.00 for canines and \$65.00 for felines. Please note that there may also be an additional charge of \$20 - \$60 for additional anesthesia time if needed.

_____ Yes, I authorize x-rays to be performed at the additional fee listed above.

_____ No, I am declining x-rays at this time.

Extractions:

It can be difficult to predict if teeth need extraction when an animal is awake because tartar and movement interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infection for other organ systems (liver, kidney, lungs, and heart). During the dental cleaning, the teeth are evaluated, and if found to be diseased they may require an extraction or referral to a dental specialist for repair. The cost of extractions varies depending on the amount of time taken and the difficulty of the extraction and can range from \$25.00 to \$100 per tooth.

_____ I authorize all medically necessary extractions be performed.

_____ I authorized all medically necessary extractions up to \$_____ (extraction cost only) be performed.

_____ I prefer to be called before any extractions are performed. If I cannot be reached, I authorize you to proceed with all necessary dental procedures.

_____ If I cannot be contacted by phone, I do not authorize any extractions to be performed. ****Please be aware that if you decline any needed procedures at this time, your pet would need a second anesthesia at another time in order for those procedures to be performed.****

_____ I would prefer to seek out a dental specialist for further treatment such as root canals, fillings, and orthodontics.

Home Again® Microchipping

Home Again® Microchipping is an advanced pet identification and retrieval system. This permanent microchip, with a unique identification code, is implanted under the skin between the shoulder blades of the pet. The microchip is about the size of a grain of rice and you cannot see the microchip after it is implanted in your pet. The microchip and implant is \$40.00 and registration of the microchip is free of charge.

_____ Yes, I authorize the veterinarian to implant my pet today with a Home Again® microchip.

_____ No, I am declining the implant of the Home Again® microchip.

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Authorization:

I HAVE READ AND FULLY UNDERSTAND THIS ANESTHESIA AND SURGERY CONSENT FORM.

I authorize anesthesia and surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia, surgery and dentistry, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure(s) is/are initiated. Additionally, I authorize Friendship Animal Hospital to perform any diagnostic, medical treatment, surgical procedure or dentistry as deemed necessary for any unforeseen medical or surgical complications if one should arise. While Friendship Animal Hospital provides the highest quality of anesthesia monitoring, surgical services and dentistry, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, surgical procedure or dentistry. I fully acknowledge and understand these medical risks. I recognize that the veterinarian and hospital staff will do all that is necessary to minimize such risks. I will hold harmless Friendship Animal Hospital, the veterinarian, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care. I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc) that are left in the hospital. If I neglect to pick up my pet within 5 days of the date below and do not notify Friendship Animal Hospital within that time frame Friendship Animal Hospital may assume that my pet is abandoned.

No warranty or guarantee has been offered or given to me as to the results or cure afforded by these treatments or procedures.

Signed,

Client Signature

Date

Client Name and Pet Name (Print)

Contact Number(s) Day of Procedure

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