



## 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 overall success. It is my responsibility to notify Shiloh Veterinary Hospital before altering the doctor's recommendations.
- I agree to make myself available by telephone during the approximate time interval of 8:30am to 4pm
- 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 a 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 rate, blood pressure, respiratory rate, temperature, and oxygenation.
- Catheterization: For sterility, hair will be shaved over a vein on a 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 emergency.
- Pain Management: Pain control is required after extractions. An injection will be given before discharge and a prescription will be sent home.
- Antibiotics are an additional fee and may be prescribed by the doctor for your pet's oral hygiene needs.
- Pre-Op Blood Work:
  - If your pet is over the age of 6 years, your pet is required to receive bloodwork testing before going under anesthesia.
  - If your pet is under the age of 6 years, bloodwork is highly recommended but not required. Would you like us to run a panel?  
\_\_\_\_ Yes    \_\_\_\_ No

### **Vaccines:**

#### **Canine**

Rabies 3yr  
Dapp 3yr  
Lepto  
Bordetella  
Influenza  
Proheart 12  
Heartworm test  
Fecal

#### **Feline**

Rabies 3yr  
FVRCP 3yr  
FeLV  
Fecal

### **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 past 20 days?
( )	( )	Is your pet allergic to any medication, anesthetics, or vaccines?
( )	( )	Is your pet presently on any medication(s) including heartworm prevention?

**Extractions:**

It can be difficult to predict if teeth need extraction when an animal is awake because tartar and movement interfere with assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infection for other organ systems(liver, kidney, lungs, 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.

\_\_\_\_ I authorize all medically necessary extractions be performed.

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\_\_\_\_ 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, if you decline extractions, your pet will need to undergo anesthesia a second time in order for those procedures to be performed.**

**Microchip:**

AVID microchip can be placed during your pet's dental. It is about the size of a grain of rice and is placed between the shoulder blades. This is an advanced pet identification and retrieval system.

\_\_\_ Yes, I authorize the veterinarian to implant my pet today with an AVID microchip.

\_\_\_ No, I am declining the implant

**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 before the procedure. While SVH 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 procedure. I recognize that the veterinary and hospital staff will do all that is necessary to minimize such risks. I will hold harmless Shiloh Veterinary 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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

(\_\_\_\_)\_\_\_\_\_  
Primary Contact #

(\_\_\_\_)\_\_\_\_\_  
Secondary Contact #