

Brook-Falls Veterinary Hospital

CONSENT FORM DENTISTRY SERVICES

Patient Name: _____ Client Name: _____

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby give the doctors of Brook-Falls Veterinary Hospital & Exotic Care Inc., and any authorized agents, staff, or representatives consent to perform the following procedures or operations: **general anesthesia, IV fluids, complete oral exam, full mouth radiographs, teeth cleaning and polishing, and bonded dentin sealants for chipped crowns.**

Additional procedures to be performed: _____

We do not know the extent of oral disease present in your pet's mouth until a complete oral exam and full mouth radiographs have been taken under anesthesia. Therefore, I give permission for oral surgery for extractions and gingival lesions/masses and pain medications if necessary up to the upper end of the treatment estimate.

YES NO CALL ME FIRST

If you cannot be reached, we will not proceed with the procedures and your pet will need another anesthesia to finish the necessary treatments at additional cost. We are able to provide restoratives for uncomplicated crown fractures and cavities (price varies). We will contact you if these are indicated.

We recommend SANOS dental sealant after the teeth are cleaned and polished. This seals the gumline area of the tooth helping to prevent gingivitis, calculus and bone loss at the gum line for 6 months. The cost of the sealant is \$100. In 6 months, it can be applied again with your pet under a mild sedative. I wish to have SANOS dental sealant applied to my pet's teeth today. **YES NO**

I received a treatment plan for today's procedure within the range of \$_____ to \$_____.

This is an estimate only. If the total charges exceed the high end of the treatment plan by more than 10%, we will consult you before administering further treatment. If you have any questions, please discuss this with your veterinarian before treatment is provided. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have been informed that there are certain risks and complications associated with any operation or procedure of this type, and that during the course of the procedures unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedures. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

Signature: _____ Date _____

Telephone: _____ I prefer a text or phone call for updates on my pet.

CONSENT FORM DENTISTRY SERVICES PAGE 2

Additional Questions

1. Do you wish to have your pet receive a Home Again Microchip? YES NO Already Has
2. Has your pet eaten anything at all in the last 12 hours? YES NO
3. Has your pet been given any medications, supplements, or treatments during the past 7 days? If so, please list:

4. Has your pet ever had a past anesthetic event that you thought went Poorly? YES NO
5. Do you have any questions for the Doctor this morning? YES NO
6. Do you need any medications refills today? YES NO
7. Dental home care is extremely important to keep your pet's mouth clean and healthy after the dentistry today. At discharge we will discuss the recommended dental products for your pet. Do you think you will be able to brush your pet's teeth once daily long term? YES NO
8. What products do you currently have at home and how often are they used:

pet toothpaste _____ times a week

oral rinse _____ times a week

dental diet _____ times a week

dental treats _____ times a week

dental chews _____ times a week

dental food additives _____ times a week

dental water additives _____ times a week

9. Which product would you like to receive at no charge with your procedure today?

____ Toothpaste ____ Dental treats ____ Dental chews ____ Dental food additive ____ Dental water additive