

Dentistry Consent Form

This form is intended to promote a clearer understanding of the process involved in cleaning your pet's teeth. Please be aware of the following facts:

- 1.) A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of general anesthetic.
- 2.) Incidental findings, such as tumors, abscessed tooth roots, periodontal (gum) disease, cracked teeth, or Feline Odontoclastic Resorptive Lesions (a progressive, cavity-like disease in cats) are not uncommon.
- 3.) It is frequently necessary to change our treatment plan once the pet is anesthetized.**
- 4.) Decisions about how to treat a particular problem are highly dependent on your dedication to follow up care, potential costs involved, anesthetics, and relative anesthetic risk.
- 5.) Certain disease processes are progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the future (i.e. we may extract a tooth that is not yet loose, but has significant bone loss around it).
- 6.) The removal of some teeth may result in unavoidable consequences, such as jaw fractures, or an inability of the pet to keep its tongue in the mouth.

In order to minimize the time that your pet spends under anesthesia, it is important that we know your desires before proceeding. This avoids delays involved with us trying to contact you to discuss your wishes; or worse yet, us being unable to contact you at all during a crucial decision making point. In most cases, we make the decisions based upon our values as if we were treating our own pets.

If you have any questions about the general anticipated degree of dental/oral work anticipated on your pet, please feel free to ask the doctor prior to proceeding.

Please check the appropriate box(es) below:

- Please do any and all procedures you deem necessary to treat current problems, minimize any pain my pet might experience in the future from ongoing dental disease, or any other abnormalities discovered in the mouth and throat. I am aware that this may involve the extraction/removal of one or several teeth, oral surgery, obtaining radiographs (X-rays), taking biopsies, or other lab samples as indicated.

I am aware that if I check any of the following boxes, and I cannot be contacted, my pet may require an additional anesthetic procedure at an additional cost at a future date to pursue any additional problems.

- Please do any and all procedures you deem necessary, but do not exceed _____ (dollar amount) without contacting me.
- Please do **NOT**, under any circumstances, proceed with anything more than routine cleaning without contacting me.
- Please do **NOT** extract any "marginal" teeth, which might require extraction in the near future. I am aware that this will require significant follow up care to prevent rapid progression of disease and possibly increased pain until the next dental procedures are performed.

I have been advised as to the nature of the procedure to be performed and the risks involved. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that pre-anesthetic blood work is required for this procedure.

Owner's Name: _____ Pet's Name: _____

Owner/Agent Signature: _____ Date: _____

Number(s) where we can reach you today: _____