

Dental Consent Form
Clovercroft Veterinary Hospital

Pet: _____

Owner/Authorizing Agent: _____

PHONE NUMBER

BEST Contact at which I can be reached immediately and at all times today: _____

Name of Procedure(s): Dental cleaning and polishing and _____

CONSENT of DENTAL Procedure:

- I give permission to do what is medically necessary, including removal of diseased tooth/teeth. I am placing no restrictions on the medical team regarding removal of teeth and give permission for the doctor to remove any/all necessary.
- I do NOT give permission to do what is medically necessary regarding removal of teeth at this time. If the doctor performing the dental procedure feels it is necessary to remove any tooth/teeth, it is my wish that the doctor call me to discuss extractions prior to removing teeth. Please realize that the doctor cannot make the decision as to whether any teeth need to be removed until your pet is anesthetized and the dental cleaning is in progress. **If you elect to have the doctor call you prior to extracting any tooth/teeth it is essential that you answer our call immediately. Failure to answer our call may mean that the dental procedure is completed prior to speaking with you and no extractions are performed. I UNDERSTAND THAT MY PET MAY HAVE TO UNDERGO ANOTHER ANESTHETIC PROCEDURE TO ADDRESS DENTAL PROBLEMS IF CONTACT WAS NOT POSSIBLE. I ACCEPT ALL RISKS AND FEES ASSOCIATED WITH ANOTHER PROCEDURE SHOULD SUCH AN EVENT OCCUR.**

Estimated Cost/Fees for Routine Dental Cleaning & Prophylaxis Procedure	\$251
Estimated cost/Fees for Fluids, subcutaneous or Intravenous	\$45-90
Estimated Cost/Fees for tooth removal (extraction) vary with type of tooth removed, difficulty of extraction(s), and number of extractions	\$25-100

PRE-ANESTHETIC BLOOD TESTING

Before placing your pet under anesthesia, we will perform a physical examination. However, many conditions, including disorders of the liver, kidney, or blood, are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery. For these reason, we highly recommend blood screening before such procedures. **Please choose one of the following:**

- Yes, I want my pet to have a **BASIC** pre-anesthetic blood screen for a cost of \$57
- Yes, I want my pet to have a **FULL** pre-anesthetic blood screen for a cost of \$148.17 (full chemistry and CBC)
- No, I do **not** want my pet to have a pre-anesthetic blood screen

MICROCHIPPING

Microchips are small identification chips implanted under your pet's skin. Each chip has a unique number that is connected to your information. This can be done painlessly while under anesthesia today.

- Already Microchipped Decline

- Yes, I would like my pet to receive a HOMEAGAIN microchip for \$54.39. This includes the microchip, one-time registration fee.

GENERAL CONSENT

I am the owner/agent for this pet and I have the authority to execute this consent. In addition to the dental procedure, I hereby request above named procedures be performed today. I understand my pet will be placed under general anesthesia today. I am aware of and accept all risks associated with these procedures and I agree to hold harmless the veterinary medical team should unanticipated liability arise out of the performance of the procedures above. I also understand that during the performance of the aforementioned procedures, unforeseen conditions may be revealed that necessitate the extension of the procedure and/or require additional procedures. Therefore, I hereby consent to and authorize the performance of such procedures as necessary and desirable in the exercise of the veterinarian's professional judgement. I authorize use of appropriate anesthetics, analgesics for pain, fluid therapy, antibiotics, and other medications deemed desirable and/or necessary by the veterinarian.

PAYMENT POLICY - I assume full financial responsibility for all procedures and products, and agree to pay all fees for today's procedures when my pet is released from the hospital.

Date

Signature of Pet Owner/Authorized Agent