

Consent for Dental Care at Pine Street Animal Hospital

Owner Name : <first-name> <last-name>

Date: _____

Patient Name : <animal>

Account: <number>

Are Vaccinations current? Y N Vaccines to be given today _____

I am aware that dental procedures in animals require anesthesia to maximize visualization of the oral cavity and minimize movement and discomfort of the patient. These procedures may include, but are not limited to routine scaling, polishing and extractions.

I understand that risks exist with anesthesia and dental procedures. **Complications** can include pain and bleeding from extractions, fracture of the jaw from infection secondary to severe periodontal disease, bacterial endocarditis, adverse reaction to anesthetic agents, anaphylaxis and death. Necessary precautions are taken to minimize these potential complications.

Pre-Anesthetic Screening: Our greatest concern is the well-being of your pet. A physical exam will be performed before anesthesia. However, some conditions can exist without clinical illness that may affect anesthesia. The ability to metabolize anesthetics in the liver and eliminate them through the kidneys is of concern. We require pre-anesthetic blood screening and an IV catheter to be placed before any anesthetic procedure. Normal blood work done in the last 30 days (either with us or another licensed veterinarian with proof) is acceptable.

To prevent hospital infestation, any pet found to have fleas/ticks while hospitalized will be treated at the owner's expense. Current flea medication _____ Date last given _____

NOTE: In the event of a life threatening **EMERGENCY**, should we be unable to reach you for a decision in the care of your pet, we will do what is necessary to save your pet. In this event, you will be responsible for all charges for services rendered for and to your pet.

I am the owner of the patient identified above and am 18 years of age or older. I authorize Pine Street Animal Hospital to perform the appropriate procedures for the periodontal disease of my pet. I understand that veterinary medicine is not an exact science and that no guarantee regarding results or success of treatment can be made. Pine Street Animal Hospital will not be held liable under any circumstance as it is thoroughly understood that I assume all risk.

I have read the forgoing and agree and acknowledge that I have read this document in its entirety.

Owner Signature _____ Date _____

EMERGENCY CONTACT NUMBER _____