

# CARDINAL ANIMAL HOSPITAL DENTAL CONSENT FORM

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

My pet is undergoing anesthesia today for a dental cleaning and/or possible extractions. The doctor at Cardinal Animal Hospital will do everything possible to preserve and maintain the health of my pet's teeth. I understand that it can be difficult to examine my pet's teeth and mouth thoroughly while he/she is awake. With general anesthesia they will be able to determine better the condition of the mouth, teeth, gums, tongue, and tonsils for any problems. These problems can include loose, fractured, or decayed teeth, retained baby teeth, severe plaque or gingivitis, pockets in the gum line surrounding the teeth which can lead to infection, or tooth root exposure. If any abnormalities are found and the doctor determines that my pet needs to have any procedure above the dental prophylaxis (extractions, periodontal surgery, etc.), I consent to the following:

\*I consent for the doctor to do any and all procedures he/she deems necessary to treat current problems without calling me prior to the procedures. I understand additional costs will incur and I will be responsible for these costs.  
\_\_\_\_\_ INITIAL

\*I consent for the doctor to do additional treatments but **DO NOT EXCEED \$200 without speaking to me first.**  
\_\_\_\_\_ INITIAL

\*I **DO NOT CONSENT** for the doctor to do any additional procedures without speaking to me first.  
\_\_\_\_\_ INITIAL

**I UNDERSTAND THAT IF I REQUEST A PHONE CALL AND I CANNOT BE REACHED THE DOCTORS WILL DISCONTINUE ANESTHESIA AND THE ADDITIONAL PROCEDURES WILL NOT BE DONE, EVEN THOUGH DEEMED NECESSARY BY THE DOCTOR.**

**PRE-ANESTHETIC BLOODWORK IS HIGHLY RECOMMENDED TO DETERMINE IF THERE ARE ANY PRE-EXISTING CONDITIONS THAT WE ARE NOT AWARE OF AND MINIMIZE THE RISKS OF ANESTHESIA. THESE TESTS WILL HELP US ASSESS THE HEALTH STATUS OF YOUR PET MORE COMPLETELY AND DETERMINE IF THERE ARE ANY ADDITIONAL PRECAUTIONS WE NEED TO TAKE BEFORE UNDERGOING ANESTHESIA. PETS 6 YEARS AND OLDER ARE REQUIRED TO HAVE PRE-ANESTHETIC BLOODWORK DONE.**

**PETS 6 YEARS AND OLDER:**

\*I understand that my pet will get pre-anesthetic bloodwork done and I am responsible for the additional cost. \_\_\_\_\_ INITIAL

**PETS UNDER 6 YEARS OLD:**

\*I understand that even though complications are minimal, there is always a risk of placing my pet under anesthesia. Even though pre-anesthetic bloodwork may detect an undetected underlying health problem, I choose to decline this procedure.  
\_\_\_\_\_ INITIAL

\*I would like for my pet to get pre-anesthetic bloodwork done and I will be responsible for the additional cost. \_\_\_\_\_ INITIAL

**DENTAL X-RAYS** Dental X-rays allow us to look beyond the obvious & better exam teeth and the supporting structures below the gum line. X-rays may reveal hidden and often undiagnosed conditions. X-Rays cost \$50-\$75

\_\_\_\_\_ I would like my pet to get dental x-rays \_\_\_\_\_ I do not want dental x-rays done.

**AUTHORIZATION:**

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure set forth above. I expect Cardinal Animal Hospital to use reasonable care and judgement in performing the procedure(s). The nature of the procedure and risks has been explained to me and I realize that I cannot be guaranteed results. I am also aware that I will not be relieved from my obligation to any costs incurred regarding my pet if expected results are not achieved or if complications occur.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone number I can be reached at today: \_\_\_\_\_