

Dental Consent Form

Grants Lick and Pendleton County Veterinary Hospital

Date:

Client Name:

Patient Name:

I hereby authorize and direct the veterinarians of Grants Lick Veterinary Hospital to perform the dental procedures as deemed advisable for my pet. I understand some risks always exist with anesthesia and/or oral surgery and I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or doctor's representative before the procedure(s) is/are initiated.

I understand the dental care my pet will receive today includes general anesthesia. The teeth will be cleaned with an ultrasonic scaler and polished. While I accept that all procedures will be performed to the best of the ability of the staff at this facility, I understand veterinary medicine is not an exact science and no guarantees have been made regarding the outcomes of this/these procedure(s).

_____ I understand any loose, severely infected or damaged teeth will be extracted at the doctor's discretion today while my pet under anesthesia. I further understand that if extractions are performed there is an additional fee for this. (Please initial)

We recommend blood tests be performed prior to the administration of anesthesia. These tests can help us detect dehydration, diabetes, kidney disease and liver disease. Any of these conditions can contribute to complications in anesthesia and surgery, I understand these blood tests are an added method of safety. (Please initial ONE option from below)

_____ I REQUEST blood tests be performed and I understand there is an additional fee of \$79 for this.

_____ I DECLINE the blood tests.

We recommend having an intravenous catheter placed, fluid administration and surgical monitor during your pets procedure. These additional procedures can help to detect changes in the heart, blood pressure or temperature during anesthesia and surgery. (Please initial ONE option from below)

_____ I REQUEST surgical monitoring and fluids be performed and understand that there is an additional fee of \$50 for this.

_____ I DECLINE the additional monitoring and fluids.

Owner's Signature: _____ Date: _____

Phone number(s) where you can be reached _____