



Dental Treatment Consent

Pet's Name: _____

Before placing your pet under anesthesia for a professional dental scaling and polishing, we will perform a full physical examination. However, many conditions, including disorders of the liver and kidneys or blood, are not detected unless blood testing is performed. For senior pets, those over 7 years of age, we recommend a more comprehensive general panel. Such tests are important before any anesthetic procedure. **For these reasons, we require, at a minimum, the pre-anesthetic panel prior to anesthesia unless, a pre-anesthetic panel, general panel, or wellness panel has been performed within the last 30 days.**

- _____ Pre-anesthetic blood panel for pets less than 7 years of age
_____ Comprehensive blood panel for pets 7 years of age and older

Please answer the following questions:

1) Did your pet have anything to eat today? ___ YES ___ NO

If yes, please explain: _____

2) Did your pet urinate today? ___ YES ___ NO Defecate today? ___ YES ___ NO

If yes, was it abnormal (i.e. diarrhea) please explain: _____

3) Has your pet had any unusual symptoms over the past two days, such as: coughing/sneezing/vomiting? ___ YES ___ NO

If yes, please explain: _____

4) Is your pet on a Heartworm Preventative? ___ YES ___ NO

Type of Prevention: _____

I also certify the following:

- 1) I understand the procedure that is to be performed and its accompanied risks; and I authorize the use of appropriate anesthetics, medicines, and diagnostic tests deemed necessary by the doctors for the safe performance of the said procedure.
- 2) I understand that unforeseen complications or life threatening situations may occur during the above procedure; and I authorize the veterinarians and support personnel to alter procedure and to provide such treatments, in the doctors' professional judgement, as necessary to safeguard the life and health of my pet.
- 3) I understand that I will assume full responsibility for the care of my animal after it is released from the hospital, and that I should and will contact the hospital immediately if questions or complications develop during home care.
- 4) In the doctor's professional judgement, as necessary, I authorize treatment of my pet's oral disease including but not limited to: tooth extraction(s), gingival mass resection, and oral infections.

I have read and understand the Dental Treatment Consent Form.

Email Address

Signature

Date

Print Name

Telephone # where I can be reached