

# Authorization for Dental Prophylaxis & Treatment



Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

## Phone numbers where I can be reached today:

Mobile or Home: \_\_\_\_\_

Alternate number: \_\_\_\_\_

Preferred method of contact    phone \_\_\_\_\_    text \_\_\_\_\_ (cell number must be provided)

I authorize the performance of the following procedure(s): \_\_\_\_\_

Treatment plans may be modified following the anesthetized oral exam. Factors that limit our ability to detect every dental problem during an oral exam in an awake patient can include:

1. Lack of patient cooperation can impair visualization, especially of the back teeth.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Many problems require intraoral radiographs to diagnose.
4. Dental tartar can hide underlying cavities or fractures.

## In case any additional dental services are considered necessary to restore health and save teeth in the doctor's professional judgment, please select one of the following options:

- I prefer that you proceed with all necessary dental procedures.
- I prefer to be called before any additional procedures are performed, other than emergencies. If **I cannot be reached, I authorize you** to proceed with all necessary dental procedures.
- If I **cannot be reached** by phone, I **do not authorize** any unforeseen dental procedures.
  - I understand that my pet may be woken up with a problem tooth or teeth if I am not reachable, and **may need an additional anesthetic procedure in the near future.**

\_\_\_\_\_ Initial

The following services are performed with **all** dental procedures in order to maximize the chances of a safe and comfortable recovery for your pet. We are happy to provide written treatment plans explaining services and fees for the work planned. **If one is not provided please ask for one.**

- Prior to when anesthetic is administered a doctor will perform a pre-surgical physical examination.

- **IV Catheter and fluids:** Pets under general anesthetic are routinely on IV fluids to help maintain blood pressure and organ function and expedite administration of IV drugs
- **Blood Testing:** The purpose of blood testing is to rule out many of the common health problems that increase anesthetic risks. These tests help us determine the best anesthetic plan for your pet by giving us information that may not be obtained from a physical exam alone.
  - **Pets under 3 years of age:** Packed Cell Volume (Hematocrit). Total Protein, Kidney Screen (Creatinine)
  - **Pets 3 to 7 years of age:** Kidney screen (BUN and Creatinine), Liver screen (ALT and ALP), Complete Blood Cell Count, Platelet Count and Electrolytes.
  - **Pets 8 years of age and above:** Serum Profile covering twelve different chemistries, Complete blood Cell Count, Platelet Count. In some cases, additional blood work may be sent out to commercial laboratories.
  - **Senior Wellness for pets over 8:** Complete blood count, serum profile and chemistries, urinalysis. Feline exam includes thyroid level screen, Canine exam includes glaucoma screen and chest x-rays.

I would like to do my pet's annual mature/senior exam at this time.

- **Anesthetic Monitoring:** A surgical technician and equipment will be used to closely monitor your pet's blood pressure, cardiovascular, and respiratory functions while under anesthesia and during recovery.
- **Routine full mouth intraoral dental X-rays** performed under anesthetic. This is a very important step in dental care allowing us to find painful problems in the mouth not detectable with the oral exam alone.
- **Pain Control:** Pain control is an important part of your pet's healing and is used when advanced procedures and extractions are required, at an additional fee. We use several methods for pain control including local dental blocks and a therapeutic laser to decrease inflammation and pain.

## AUTHORIZATION

I have been advised as to the nature of this procedure and risks involved have been explained to me and I understand results cannot be guaranteed. I understand also that there is always a risk associated with any anesthesia episode, even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide medical and/or dental procedures which are not anticipated for the safety or care of my pet. I hereby consent to and authorize the performance of such altered and/or additional procedures as are necessary in the veterinarian's professional judgment. I accept responsibility for any result in additional charges.

I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. If your pet is found to have any fleas, it will be safely treated upon admittance to the hospital at the owner's expense.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date