

SCAH Dental Consent Form

Date: _____

Owner Name: _____

Pet's Name: _____ Canine [] OR Feline []

Phone Number(s): _____

Did your pet eat this morning? YES [] OR NO []

If we are performing a mass removal today, please describe and locate the exact area of mass(es) below:

-INCLUDED-

Dental Scaling, Polishing, and Radiographs:

We thoroughly clean each individual tooth above and below the gumline. Radiographs will be taken to assess the health of the teeth below gumline. Radiograph's will be taken post-extraction if any teeth are removed. We use a pumice paste and our dental polisher to create a smooth and lustrous surface more resistant to plaque buildup.

OraVet Sealant:

This sealant helps seal the gingiva (gum) to the tooth surface, preventing food and bacteria from accumulating under the gumline.

Pre-Anesthetic Blood Work:

If your pet is to be anesthetized, advances in anesthesia and surgery have made routine procedures relatively safe with low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions that are not evident during routine pre-anesthetic physical examination. To avoid these problems, we perform blood work on all patients before administering anesthesia. This blood work checks kidney and liver enzymes, blood glucose as well as a complete blood count.

I.V. catheter and Fluid Therapy

I.V. catheter and Fluid therapy during surgery is an added safety measure. I.V. fluid therapy helps keep the patient hydrated, which may shorten the patient's recovery period.

Pain Management:

An essential part of the humane care of surgical patients is pain management. Pre and post-operative pain control is used on all surgical patients. The cost varies depending on the medications used in hospital and those that are sent home.

-RECOMMENDED-

Anti-Emetic: \$30 (0-40lb), \$45 (41-60lb), \$55 (61-80lb), \$65 (81-uplb)

Just like humans, many pets will experience nausea after anesthesia. This can manifest in lethargy, vomiting, poor appetite, or a general appearance of discomfort. YES [] OR NO []

HomeAgain Microchip [\$50]

We also offer microchip insertion for your pet. While your pet is under anesthesia is the perfect time for insertion.

YES [] OR NO []

Extraction Consent:

[] Have the doctor proceed with all procedures, including unforeseen tooth extractions as determined by the attending doctor.

[] Have the doctor proceed with unforeseen tooth extractions, up to \$ _____ cost. Please call to discuss the case if more work is needed beyond this cost. If I am unable to be reached, only part of the needed work will be done and the procedure may be finished at a later date.

[] Do Not have doctor proceed with tooth extractions . Call me if any additional work, including unforeseen tooth extraction, is needed. I understand that if I cannot be reached, no additional work will be performed and may have to be completed at a later date.

Procedure Variance:

I understand that during the performance of this procedure, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect reasonable care and judgment to be used in performing the procedure(s). The nature of the procedure(s) and risks involved have been explained to me to my satisfaction, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from my obligation to pay for all reasonable costs incurred regarding this animal.

Admission Policy:

All animals admitted to the hospital must be current on all required vaccinations and free of external parasites, i.e. fleas and ticks. I hereby give permission to the doctors and staff of SCAH to update my pet's vaccinations if necessary and to treat any external parasitism noted. I understand that I will be financially responsible for the services. SCAH also reserves the right to assess an aggressive animal fee if my pet poses a safety risk to the staff. Furthermore, SCAH is not staffed after hours. If my pet requires overnight care, I will be referred to the Animal Emergency Center.

I understand that all fees are due at the time that services are rendered. In the event of default or failure to pay, I, the undersigned, agree to pay all attorney's fees and the collection cost of said debt. As the owner or agent of the above animal, I hereby give my consent to perform the following procedures including any required anesthesia or sedation

Owner's/Agent Signature: _____