

## **Chase Animal Hospital: Dental Consent Form**

Thank you for choosing Chase Animal Hospital for your pet's dental needs. Your pet will undergo a pre-surgical physical examination prior to anesthesia, but to ensure that your pet's procedure is as safe as possible we also offer the following.

**Please circle the appropriate response to each selection and initial next to your response. Please sign and date when complete.**

Thank you!

### **Medical History:**

Animals staying for any length of time at this facility must be current on their Rabies, Distemper, and Bordetella vaccinations. Owners and agents are expected to provide proof of vaccination at the time that the pet is brought to the facility. If appropriate documentation is not provided, the pet will be vaccinated accordingly at the owner's expense.

### **Pre-Anesthetic Blood Panel:**

This requires a small blood sample that is used to test for any abnormalities in vital organ function that are undetectable with a physical examination. Should the test detect an abnormality, our veterinary staff can adjust the anesthesia accordingly. This procedure is highly recommended by our veterinarians to ensure the safest possible surgery for your pet. The cost of this procedure is \$72

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

### **Pain Medication:**

Pain medication is always administered prior to surgery, but you also have the option of pain management via oral medication at home to lessen discomfort that may occur after surgery. The cost of pain medication varies from \$20.00 to \$55.00 based on the size of your pet and the type of procedure performed.

ACCEPT \_\_\_\_\_

DECLINE \_\_\_\_\_

### **Estimated Costs:**

During the pre-dental examination, your veterinarian noted all areas of the mouth and all teeth that required attention at the time of examination. You may have received an estimate of the costs of your pet's procedure as well. During the time between your pet's pre-dental examination and your pet's procedure, circumstances may require that additional work be performed. Do you consent to have all necessary work performed at the time of your pet's procedure even if it was not included in your estimate?

AUTHORIZE PROCEDURE \_\_\_\_\_

DECLINE PROCEDURE \_\_\_\_\_

### **OraVet:**

At the end of your pet's procedure we can apply a product called "OraVet" to your pet's teeth and gums. OraVet provides a barrier that helps to protect teeth and gums from plaque and calculus buildup due to bacteria which may be associated with common oral ailments, such as bad breath. Our technicians will apply the initial treatment after your pet's dental procedure, and we will send eight treatments for you to apply weekly beginning two weeks after your pet's procedure. The initial treatment in our office and eight at-home treatments cost \$59.80.

ACCEPT ORAVET TREATMENT \_\_\_\_\_

DECLINE ORAVET TREATMENT \_\_\_\_\_

### **Surgical Complications:**

As with all surgical procedures, complications can occur before, during, or after surgery. The severity of complications can be highly variable. Any complication needs to be addressed at the moment it occurs and contacting you by phone is not always possible. Any complication can increase the length of the surgery time and require further treatment before or after surgery. Do you consent to have the surgery performed realizing that complications occasionally occur and that you would be responsible for additional costs incurred?

AUTHORIZE PROCEDURE \_\_\_\_\_

**I have read and understand all of the above and declare that I am the owner, or an authorized agent of the owner, of this pet. I authorize the staff at Chase Animal Hospital to perform the optional procedures according to my choices above, signified by my initials, and accept full responsibility for all of the associated charges.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_