



Informed Consent for Dental Procedure

Client's Name _____ Pet's Name _____

Your pet is scheduled for a dental procedure. Our greatest concern is the well being of your pet. For this reason, prior to putting him/her under anesthesia, we will perform a complete physical examination. In addition to the physical examination, we believe every pet undergoing anesthesia should also have pre-anesthetic blood work, pain management, IV (intravenous) catheter and IV fluids. These procedures help reduce the risk of anesthesia and make your pet more comfortable.

*Pre-anesthetic blood profile: The pre-anesthetic blood profile is performed in order to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes and kidney or liver disease. These pre-existing conditions could complicate your pet's procedure and compromise his/her health. These conditions may not be detected without a blood profile. The blood profile is similar to that which your own physician would run if you were to undergo anesthesia. Pre-anesthetic blood profiles may be performed a few days before or on the day of the procedure.

* IV catheter and fluids: Intravenous catheters during the dental procedure allow us to administer fluids which help to counteract hypotension (low blood pressure) caused by anesthesia. If an emergency situation should arise during surgery, an IV catheter allows direct venous access so that drugs can be given during the first few critical minutes of an emergency.

* Pain Management: We believe that all animals undergoing a medical procedure should be kept pain free. For those pets who have tooth extractions, we also offer pain medications to be given at home for the next few days after the procedure. Good pain control helps pets heal faster and more effectively and relieves discomfort.

* Dental Radiographs: We typically will take dental radiographs (x-rays) of any loose or abnormal teeth prior to extraction. This provides us with useful information about whether the tooth can be saved or whether it needs to be extracted. The charge for each dental radiograph is \$20.69 per film.

* Microchip: While your pet is under anesthesia, we can place a permanent ID under your pet's skin. It is a microchip that contains a personal identification number. If your pet were to become lost and is brought to a shelter or animal care facility, they will check your pet for a microchip with a special scanner. When the ID number is picked up by the scanner they will contact the microchip company's hotline and perform a quick search through their database. Once your pet is identified, you will be contacted and reunited with your pet. This procedure is an additional cost of \$64.95.

- My pet already has a microchip.
 No, I decline microchip for my pet.
 YES, I would like my pet to receive a microchip.

*Hip radiographs: These are often useful in the early diagnosis of hip disease that can lead to arthritis or hip dysplasia, and must be taken while your pet is under anesthesia. This procedure is an additional cost of \$89.92.

- YES, I would like my pet to have hip radiographs taken.
 No, I decline hip radiographs for my pet.

I, the undersigned owner or agent of the pet named above certify that I am _____ I am not _____ (check one) eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by staff veterinarians at Peachtree Hills Animal Hospital. These procedures include but are not limited to: 1) dental prophylaxes (routine teeth cleaning and polishing) 2)

extractions 3) gingival flap surgery to close gaps left by extractions 4) root canal procedures 5) root planings 6) fillings for cavities 7) dental radiographs 8) antibiotic gel implants and 9) orthodontic work.

I am aware that dental procedures for pets require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity 2) minimize movement and discomfort and 3) provide for the safety of the pet, doctors and hospital staff. I understand that some risks always exist with anesthesia and dental procedures. I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before these procedures are initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff has my permission to provide such treatment. I agree to pay for such care.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I have also been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

If teeth need to be extracted and you want to be contacted before the extractions occur, please leave a contact number. If you want to be contacted and we cannot reach you, the teeth will not be extracted and additional surgeries may be needed in the future.

_____ Please call me before any extractions: My Phone Number _____
_____ You have my permission to extract any teeth that need to be extracted.

I understand that during the performance of medical, surgical, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly or different procedures than originally planned. If the staff at this veterinary practice is unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the remaining fees, and provide payment via cash, credit card or check at the time my pet is discharged.

_____/_____
Signature of Owner or Agent Primary phone # Secondary phone #