



DENTISTRY CONSENT FORM

Patient name: _____

This Form is intended to promote a clearer understanding of the process involved in cleaning your pet's teeth. Please be aware of the following facts:

1. A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of a general anesthetic.
2. Incidental findings, such as tumors and abscessed tooth roots, periodontal (gum) disease, cracked teeth, or Feline Odontoclastic Resorptive Lesions (a progressive, cavity-like disease in cats) are not uncommon.
3. It is frequently necessary to change our treatment plan once the pet is anesthetized.
4. Decisions about how to treat a particular problem are highly dependent on your dedication to follow up care, potential costs involved, aesthetics, and relative anesthetic risk.
5. Certain specialized procedures (i.e. crowns and root canals) are not provided at our facility, but are available through veterinarians that specialize in dentistry. These procedures are usually comparable, or more expensive than the same procedure in people. We can refer you to a veterinary dental specialist for follow up care, if you so desire.
6. Certain disease processes are progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the future. (i.e. we may extract a tooth that is not yet loose, but has significant bone loss around it.)
7. The removal of some teeth may result in unavoidable consequences, such as jaw fractures, or an inability of the pet to keep its tongue in the mouth.

In order to minimize the time that your pet spends under anesthesia, it is important that we know your desires before proceeding. This avoids delays involved with us trying to contact you to discuss your wishes; or worse yet...us being unable to contact you at all at a crucial decision making point. In most cases, we make the decisions based upon the values as if we were treating our own pets.

If you have any questions about the degree of dental/oral work anticipated on your pet, please feel free to ask the doctor prior to proceeding.

Please check the appropriate box(es) below:

- Please do any and all procedures you deem necessary to treat current problems, minimize any pain my pet might experience in the future from ongoing dental disease, or any other abnormalities discovered in the mouth and throat. I am aware that this may involve the extraction/removal of one or several teeth, oral surgery, obtaining radiographs (X-rays), taking biopsies, or other lab samples as indicated.

I am aware that in the event I check any of the following boxes, and I cannot be contacted, my pet may require an additional anesthetic procedure, at an additional cost, at a future date to pursue any additional problems: _____

- Please do any and all procedures you deem necessary, but do not exceed _____ (dollar amount) without contacting me.
- Please do NOT under any circumstances, proceed with anything more than routine cleaning without contacting me.

Signature: _____

Date: _____