**Dental Cleaning Consent**

**Client ID #: \_\_\_\_\_\_\_**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Client’s First & Last Name*:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign your *full signature* on each line designated “Owner’s....”**

* I am the owner of the above named pet and have the sole ability to make medical and financial decisions involving care.

**Owner's full signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I have received, reviewed, and agree to the estimate for the following services:

\_\_X\_\_ Blood screening before anesthesia

\_\_X\_\_ Anesthesia, monitoring, nursing care, and other hospital care associated costs

\_\_X\_\_ Teeth cleaning, polishing, fluoride treatment, and wax sealant

\_\_X\_\_ Oral exam under anesthesia for the purpose of diagnosis (does not include treatment)

\_\_X\_\_ Full mouth dental x-rays

\_\_X\_\_ 1 Post-Op Laser Therapy Session (Gums)

\_\_\_\_\_ Antibiotics (additional cost)

\_\_\_\_\_ Pain prevention medication (as needed)

\_\_\_\_\_ Consultation, office call

\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Payment in full is expected at the time your pet leaves the hospital.
* Payment can be made by cash or check to save the standard 3-5% credit/debit card processing fee, ScratchPay, Trupanion, or Care Credit.

**Owner’s agreement to pay for the services marked** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthesia is needed to perform dental work on pets.

* I authorize the use of anesthetics/sedatives as deemed advisable in the performance of such surgical, diagnostic or therapeutic procedures.
* I realize that the administration of any anesthetic agent carries a small but realistic possibility of complications, which include death.
* I consent to the doctor’s use of professional judgment for anesthesia and/or surgery. I am aware of the nature of the procedures being performed and I acknowledge that no guarantee has been made as to the results that may be obtained.
* I understand pets may have hidden medical problems (heart disease, etc.) that may not be apparent at this time.

**Owner's consent to anesthesia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Under anesthesia an examination of all teeth and mouth is performed and may lead to discovery of a problem(s) that cannot be seen on a pet who is awake.
* Dogs / Cats have 42 / 30 teeth but only around half of those teeth can be seen when examining the teeth on a pet while awake on the exam table (not under anesthesia).
* An x-ray of a tooth can lead to findings of disease that would not be known without the x-ray.
* Under anesthesia, sides of the teeth that cannot be seen on an awake pet (tongue in the
* way) may lead to findings of disease/problems.

**Owner’s signature of understanding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Since the dental problems found under anesthesia during the oral exam cannot be predicted ahead of time, an estimate of cost to fix the unknown problems is not known. Therefore, a second estimate of costs will be given to me once all findings are known. Once the findings and cost are made known to me, I have option to:

1.) Wake up my pet and not proceed, or

2.) Continue with treatment for those new findings/additional costs.

By signing here I understand there may be unknown dental problems/costs and I am not under any obligation to continue with treatment during this visit.

**Owner’s signature of understanding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* There are situations where infection or a painful condition (like a broken jaw) is found once the teeth are examined/cleaned. In this case, I understand it is the doctor’s professional judgment in my pet’s best care and I agree to such treatment/charges for antibiotics/pain medications.

**Owner’s signature of understanding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*While your pet is under anesthesia, the doctors and staff understand the stressful nature of making decisions at such a time and do not wish owners to make treatment or financial decisions under duress but rather encourage a return visit for follow-up treatment at a future date.* ***Choose one option below.***After my pet’s in-depth oral exam and full mouth radiographs:

\_\_\_\_\_\_1.) **I would like to be called, while my pet is under anesthesia, so I can make decisions about any necessary and potential treatments today.** If I am not available when called, I understand that my pet will be woken up without treatment.

\_\_\_\_\_\_2.) **I do NOT need to be called.** **Please proceed with treatment** that the doctor feels is appropriate and I understand that I will be responsible for those additional charges. This may include extractions @approximately $20 per root. Depending on the specific tooth, it can have anywhere from one to three roots.

\_\_\_\_\_\_3.) **DO NOT perform additional treatments.** As an owner, I would like to return for a future treatment date.

**Owner's full signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When my pet is in recovery, please notify me via: (CIRCLE ONE)

**TEXT**  **PHONE CALL**

I can be reached at the following number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee initials\_\_\_\_\_\_\_\_\_\_

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