



Dental Consent and Estimate



Client ID #: _____

Pet Name: _____ Date: ____/____/____

Client First & Last Name: _____

Please sign your full signature on each line.

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

Owner's signature _____

- The estimate of \$ _____ is for the following services only:

_____ Blood screening before anesthesia (Add'l _____ Heartworm test _____ Organ function)

Anesthesia, nursing and other hospital care associated costs

Teeth cleaning, polishing, fluoride treatment and wax sealant

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

Dental x-rays

_____ 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, check, Visa, MasterCard, Discover, Am. Ex and 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 finding of problems that cannot be seen on an awake pet.
- 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 indicating understanding _____

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

Owner's signature of understanding _____

- There are situations where infection or a painful condition is found once the teeth are examined/cleaned. In this case I understand it is the doctor's professional judgement in my pet's best care and I agree to such treatment/charges for antibiotics/pain medications.

Owners signature of understanding _____.

- Even though your pet may be under anesthesia, the doctors and staff understand the stressful time this can be to make decisions 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 to sign.

As an owner,

_____ 1.) **I would like to be called** while my pet is under anesthesia so I can make decisions today. If I would not be available when called, my pet will be woken up without treatment

_____ 2.) **I do NOT need to be called** 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 @ \$20.00 - \$40.00 per tooth.*

_____ 3.) **DO NOT Perform Additional Treatments**, as an owner, I would like to return for a future treatment date.

Phone number you can be reached at today _____ **so we may call you when your pet is in recovery.**

Employee initials _____ Adair County Animal Hospital, Columbia KY and Burkesville KY