

Cherokee Trail Veterinary Hospital - Dental/Anesthesia Consent Form

Client name _____ File # _____ Date _____ Patient _____
Breed _____ Sex _____ Age _____

We have your pet scheduled for _____

Advances in anesthesia have made elective procedures safer, with a low rate of anesthetic complications. However, complications can arise because of pre-existing conditions not evident during previous examinations. **Dogs are required to have a current heartworm test and exam (within last year) before anesthesia.**

- Pre-anesthetic blood work is required in all patients undergoing general anesthesia and must be current within the past 3-4 months.
- Intravenous fluids given during dental cleanings help maintain normal blood pressure and allow rapid administration of drugs should an emergency situation arise. This is required in all patients undergoing general anesthesia lasting longer than 20 minutes. It will be necessary to shave or clip hair from the IV catheter site and/or other areas.
- Patients will be monitored during and after anesthesia.
- We require pre-operative pain injections and pain medications to be sent home to be used after all dental extractions or other painful procedures, as our pets do not always complain when they are in pain.
- I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet.

Accept _____ Decline _____ **Additional fees are applied for following services. Please initial below:**

- _____ _____ We can have your pet permanently identified with a microchip implanted under the skin.
_____ _____ There are times when your pet's baby teeth do not fall out by themselves due to abnormal tooth development, especially in certain breeds. These teeth should be removed to prevent further complications of tooth development.
_____ _____ We recommend full mouth dental radiographs be obtained for every patient to determine disease located below the gumline that we are unable to visualize on an oral exam.
_____ _____ Oravet™ is a sealant we can apply to your pets teeth to help prevent dental disease and tartar buildup. A take home sealant you apply once weekly will help decrease your pets need for a dental prophylaxis to be performed.
_____ _____ **We advise a biopsy (laboratory analysis) be performed on all masses/growths being removed.**

AUTHORIZATION: Please initial after each statement below:

- I am the owner/authorized agent of the animal identified above. I am 18 years of age or older, and I have the authority to give this authorization and do so voluntarily, having been advised of all the probable and material risks associated with this treatment. _____
- During dental procedures the veterinarian may find teeth that have severe dental disease and need to be extracted. We do not extract normal, healthy permanent teeth. If you wish to be contacted prior to extractions, please note that we will contact you at the above emergency contact number only. If we are unable to reach you after 5 minutes, we will proceed with extractions as deemed necessary by the attending veterinarian so as not to prolong anesthesia of your pet. _____ **Please call first:** Yes [] Not necessary []
- I understand that unforeseen conditions may be revealed during the identified procedures which, in the opinion of the attending veterinarian, require more extensive or different procedures or treatments. I understand that reasonable efforts will be made to contact me to explain these procedures and treatments and obtain my instructions regarding them. However, **if these efforts are unsuccessful**, I authorize the performance of any procedures or treatments which are necessary in the professional opinion of the attending veterinarian. _____
- **I understand that I assume financial responsibility for all services rendered.** _____
- The veterinarian has described the procedures identified above and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures. **In particular, I have been advised that, in the event that the treatment requires the use of anesthesia, that there is a risk of death every time an anesthetic is used and that I have been advised of the possibility, small as it may be, of such occurrence.** _____
- I authorize the performance of the identified procedures and the use of associated anesthetics and other medications. I have read and understand this authorization.
- Owner/Authorized Agent Signature _____ **Emergency Contact Phone #** _____

For staff use only: Vaccines current _____ HW test needed _____ Carrier left _____ Patient NPO _____
Address _____

DENTISTRY / SURGERY INFORMATION

Your pet has been scheduled for dentistry, which does require general anesthesia. This download includes some general information as well as the **dentistry consent form**. We hope this helps to make the day of the dentistry as easy and stress-free as possible.

The night before your pet's dentistry...

- **Withhold all food and treats after 9:00pm.**
- **Water may be left down after this time period.**
- **If you are currently administering any medications, vitamins and/or injections, Withhold the morning doses unless otherwise instructed by the doctor.**

Please make arrangements for your pet to be dropped off on the morning of the dental cleaning between 7:30 & 8:00 am. At the time of drop off, our team will be happy to answer any questions/concerns and collect the enclosed/completed **Authorization Form**.

If any questions arise, the doctor may contact you at the number on the Authorization Form. Additionally, ***you will be called at the completion of your pet's procedure***. At that time, we will be able to give you an idea when your pet may be discharged.

When you arrive to take your pet home, the veterinary nurse will go over all discharge orders, and give you a written copy of the "go home" instructions. If you do not understand any instructions, please do not hesitate to ask for clarification.

Extractions

We do everything we can to preserve each pet's teeth. Sadly, there are times when a tooth is diseased to the point of requiring extraction. We only extract teeth when it is absolutely necessary.

Oravet

Oravet is a recommended sealant applied to the teeth after a cleaning to slow the recurrence of dental tartar. If you elect to have this product, we apply a base professional base coat at the time of the cleaning. You will need to apply a maintenance product weekly.

Dental Radiographs

Much of the disease which affects our pet's teeth occurs below the gum line. There are times when dental x-rays can be vital to the detection and treatment of dental disease.

Patient Monitoring

Monitoring of patients during anesthesia is done in two ways.

First, a veterinary nurse is with your pet continuously from the beginning of anesthesia until recovery.

Second, we have a computerized monitor that displays heart rate, pulse rate, oxygen levels, respiration, ECG, and temperature.

Pain Management

Our hospital strongly believes in compassionate, quality, medical care for our patients. As a result, all of our surgical patients, including those undergoing dental extractions, will receive pain management before, during, and after surgery. Additionally, pain medication will be prescribed for post surgical administration at home.

Intravenous Catheterization & Fluids

We require the placement of an IV catheter and use of IV fluids during all anesthetic procedures. This allows us to have quick access to the circulatory system in case of an emergency. Additionally, the fluids help provide support to the circulatory system by maintaining blood pressure and circulation, preventing dehydration, and facilitating a quicker recovery from anesthesia.

It is important for you to understand that there is always a small risk of anesthetic and surgical complications. We strive to take the highest quality care of your pet and take all precautions to avoid potential problems. Thank you for entrusting your pet to us.