



Veterinary Hospital

5078 Williamsport Pike, Suite N
Martinsburg, WV 25404
304-270-1063

Consent for Dental Care

Scheduled Procedure Anesthesia, deep root scaling and polishing

What has your pet had to eat and drink today? _____
What time? _____

Is your pet on any medications? Please inform us of any and all medications (including supplements):

VACCINATIONS

Do you want us to update <animal>'s vaccines and tests today?

Yes: _____
 No

Pre-Anesthetic Blood Testing: Our concern is the well being of <animal>. We will monitor <animal>'s heart rate, respiratory rate, blood oxygen, blood pressure and EKG during surgery. This technology, along with pre-anesthetic blood screening, reduces many of the risks of surgery. We strongly recommend pre-anesthesia blood work prior to putting <animal> under anesthesia. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. (**Mandatory blood work is required for all animals over 7 years of age **)

- Yes**, I want my pet to have a blood test performed before anesthesia
 - CBC and Pre-anesthetic Chemistry
 - CBC & Full Chemistry (required for all pets 7 years old and older)
- No**, I decline this blood test and **have been informed of the risks**

Microchipping: Microchipping is a very simple and safe way to permanently identify your pet. This option is available during this surgical procedure:

- Yes**, I want ResQ Microchip **No**, I decline ResQ Microchip

If time permits, would you like a picture message of your pet sent to your cell phone after the surgical procedure? (Your carrier charge may apply.)

Yes **No**

DENTAL PROCEDURE

I have been informed that <animal> requires preventive and/or therapeutic dental treatment, under general anesthesia, and hereby consent to the appropriate procedures described to me and specified above in this document. These procedures may include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions and 3) oral surgery. If disease is found or additional procedures are required, I **DO** or **DO NOT** request that a staff member contact me with information for authorization prior to treatment. I understand that the procedure will be stopped and anesthetic time and risk will be increased while attempts are made to contact me.

****If extractions are deemed necessary, I understand that pre-extraction radiographs and post-extraction radiographs may be performed****

If I cannot be reached while my pet is undergoing anesthesia and dental treatment, I **CONSENT** or **DO NOT CONSENT** to additional treatment at the discretion of the attending doctor and agree to pay for all related fees. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I am aware that dental procedures for animals require the use of general anesthesia to: 1) maximize visualization and examination of the gums, teeth, and oral cavity, 2) minimize movement and discomfort of my pet, and 3) provide for the safety of my pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required, the attending veterinarian and staff at this practice have my permission to provide such treatment and I agree to pay for such care. Every reasonable attempt will be made to contact me in a timely manner as staffing is available without further endangering my pet. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

FINANCIAL RESPONSIBILITY

I understand that an estimate of the costs for the above dental will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered. In the event that your pet requires hospitalization, I agree to pay a deposit of **50%** of the estimated fees at the time of hospitalization and assume financial responsibility for the balance of all services rendered, due in full on a cash, credit card, CareCredit or check basis at the time your pet is discharged.

If your pet is hospitalized beyond the first day at this facility, I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours. If I desire that your pet have supervision when this facility is closed, I may elect to transfer your pet to a local emergency clinic, at my expense, where overnight veterinary supervision is available.

AUTHORIZATION(S) AND CONSENT

I, the undersigned owner, or owner's authorized agent of your pet, certify that **I AM** or **I AM NOT** over **eighteen** years of age. SMVH is to use all responsible precautions against injury, escape or death of my pet, but is not held liable or responsible in any matter, as I thoroughly understand I assume all risks.

Signature of Owner or Authorized Agent

Date

Phone number(s) where I can be reached today:

Home: _____

Cell: _____