

Dental Procedure Detail Form

Client Information	Patient Information
Client Name:	Name:
Address:	Species:
Α	Breed:
Cell Phone: ()	Age:
Work Phone: ()	Sex:
WHAT IS INCLUDED: Your pet will undergo anesthesia and a dental cleaning and calculus with an ultrasonic scaler followed by polishing with smooth and clean. The teeth and gums will also be inspected abnormalities.	prophylaxis today. This procedure includes removing tartar and specially formulated compounds designed to leave the teeth ed for cavities, periodontal disease, fractures, and other

WHAT MIGHT BE NEEDED:

The following outlines specific parts of the dental procedure that may or may not be required for your pet. This part of the form is to make you aware of any possible additional costs that might be incurred, along with your consent or waiver of those procedures and their related costs, as well as your directive as to how you wish for us to proceed in the event these services are needed and we are unable to contact you.

Dental X-ray

During the dental cleaning procedure only the portions of the teeth above the gum line are able to be adequately examined; therefore, it sometimes is necessary to use dental radiographs (x-ray) to help determine any damage to a tooth below the gum line or to its root. If radiographs are indicated for your pet's dental health the typical costs range from \$30-\$100.

Bonded Sealants

In the event your pet has a cavity or other damage to a tooth, it is preferred in most cases to attempt to save the tooth rather than remove it. For teeth that can be preserved, application of a bonded sealant will prevent further damage to the tooth and restore comfort and function. Typical costs range from \$25-\$50 per tooth.

Extractions of Teeth

We may find teeth that have irreparable damage, or that have an infected or exposed root. It is also common in younger animals to find deciduous (baby) teeth that are retained, i.e. they should have fallen out on their own but did not. Extractions of diseased, damaged, or retained teeth are only performed when medically indicated and can often be the best course of action to ensure your pet's general health, comfort and good breath. Typical costs range between \$10-\$35 for simple extractions (retained teeth and incisors) and \$50-150 for complicated/surgical extractions (molars, premolars, infected teeth, etc.).

Medications and Perioceuticals

Generally speaking, dental cleaning/prophylaxis requires no follow up medications; however, in cases where gum disease is severe, or extractions have been performed pain medications and antibiotics might be prescribed.

In addition, we will often recommend various home care dental products for you to use with your pet in order to promote a healthy mouth and clean breath. The necessity and cost of these medications/products will be discussed with you at the time of discharge and greatly depend on the size of your pet and the conditions that require medication.

I acknowledge that the above-listed information has been r procedure for my pet have been answered to my satisfactio	
I further understand that should the need for any further tro the veterinarian and/or their staff will attempt to contact n	eatment arise during the course of the scheduled procedure ne before proceeding.
 I authorize extractions and any necessary treatments, according to the veterinarians best judgement Do nothing further beyond the already agreed upon procedure(s). 	
Owner Signature	Date

Acknowledgment



CONSENT TO SURGERY, ANESTHETICS, and OTHER MEDICAL SERVICES

Client Information	Patient Information
Client Name:	Name:
Address:	Species:
	Breed:
Cell Phone: ()	Age:
Work Phone: ()	Sex:
1. I authorize the performance of the following operation/me	edical procedure(s):Cost: \$
to be performed by or under the directions of Dr.:	· · · · · · · · · · · · · · · · · · ·
Additional procedures to be included while my pet is under	er anesthesia:
Microchip implant \$29 (plus additional initial \$17.99 a	nnual registration)
Nail trim \$12	
Other: (Free-type)	
2. The condition requiring treatment and the nature, purpose,	risk and benefits of the operation(s)/procedure(s), possible
alternative methods of treatment, including non-treatment an	d the possibility of complications has been fully explained to
me. I was given the opportunity to ask questions and any such	questions were answered to my satisfaction. I understand
that the practice of medicine and surgery is not an exact scien	ice, and therefore no guarantee or assurance has been given
by anyone as to the results that may be obtained. In case of a	life-threatening emergency, I authorize life saving
techniques, such as CPR:	
I accept I decline (D o N ot R esucitate)	
i decline (Do Not Resuctate)	
3. I understand that blood screening is recommended prior to	anesthesia in order to maximize patient safety and alert the
veterinarian to possible unforeseen problems (such as diabete	s, kidney or liver disease and anemia), which might
complicate the anesthesia or procedure. I further understand	I the risks, benefits, and alternatives to the type and method
of anesthesia or sedation recommended, and I consent to the	administration of such anesthetics as may be considered
necessary or advisable by the veterinarian for this procedure.	. I further understand that in some cases, the veterinarian
may deem it necessary to run additional tests/blood work	that would exceed the cost quoted below. In such a case,
please proceed as outlined in section 4.	
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Yes, please perform blood work prior to my pet's ane	
No, I elect to decline pre-anesthetic blood testing and	d proceed with anesthesia.
	I I I I I I I I I I I I I I I I I I I
4. I understand that the performance of operations or other p	rocedures in addition to or different from those now
contemplated and outlined above, whether or not arising from	n presently unforeseen conditions, may be considered
necessary or advisable in the judgment of the above-named v	Should they be unable to
the veterinarian or their staff will make every effort to conta	ict me at: Silodid they be dilable to
contact me, I consent to the following:	
No further contact needed, proceed according to the	e veterinarian's best judgment.
	e veterinarian's best judment, unless additional cost will
exceed \$	- vote
Do nothing further beyond the already agreed-upon	procedure(s).
Do nothing faither beyond the directly agreed apon	F 3 (-).

 -If we are unable to reach you at the number listed, for the safety of your pet, your pet will be woken up. T result in a second procedure for treatment(s) at additional costs. - In the case of emergency, the veterinarian WILL use thier best judgement 	This may
5. Included in the cost of this procedure is an e-collar to prevent your pet from possibly damaging the affected a Would you like your pet to have one? (NOTE: Dental procedures do not require the need for an e-collar)	area.
Yes, please send my pet home with an e-collar No, I do not wish to have an e-collar	
MY SIGNATURE BELOW CONSTITUTES MY ACKNOWLEDGMENT: i. That I have read, understand and agree to the foregoing, ii. That the proposed operation(s) have been satisfactorily explained to me and that I have all the information. That I hereby give my authorization and consent, and iv. That all blank spaces on this document have either been completed or crossed off if they do not apply presigning	
Pet Owner/Client Signature DAT	TE
ATTESTATION: Prior to the procedure, the condition requiring treatment and the nature, purpose, risks, and be the operation(s)/procedure(s), possible alternative methods of treatment, including non-treatment and the post complications was discussed with the patient's owner or legally authorized representative. I gave them the operations and answered any such questions to their apparent satisfaction. I have reviewed the surgical consequence that the planned procedures are accurate.	ssibility of portunity to
CityVet Staff Member:	