

Surgery and Dental Consent Form

Client Name:

Client Address:

Client Phone number

Pet's Name:

Phone number you can be reached at the day of surgery: _____

Surgery to be performed: _____

PLEASE READ THE FOLLOWING VERY CAREFULLY
the lack of response on any service option will indicate that service is to be performed

If your pet is admitted to the hospital with fleas, the staff will treat your pet with a monthly topical flea preventative for an additional charge.

Treatments(i.e. bandages and medications), X-ray, and laboratory procedures rendered after the patient has been released from the hospital are not included in the cost of fees charged for the original episode and will be paid for as separate episodes.

Pre-Anesthetic Blood Testing - Consent Waiver

These tests are recommended on ALL pets and are HIGHLY RECOMMENDED on pets 6 years and older.

- Yes, I would like bloodwork performed
 No, I would not like the recommended bloodwork performed

Post-Operative Pain Medication

Pain medication is often given to our hospitalized patient immediately following a surgical procedure. While many pets exhibit minimal discomfort following surgery, we find that additional pain medication in the days following surgery can often be beneficial in the recovery process. The strength and duration of the medication will vary depending upon the procedure and our assessment of the individual's needs.

Additional Services

Microchip

Microchipping is the latest form of permanent identification and is done by injecting the chip with a syringe. A large needle is needed, but the procedure is painless and convenient under general anesthesia.

Microchip Yes **No**

Topical Fluoride Treatment for Teeth

Fluoride treatment of your pet's teeth at the time of spaying/neutering (the pet must be at least 6 months old) can give permanent benefits from hardening of the tooth enamel and in older pets can increase resistance to tooth decay and decrease dentinal sensitivity.

Fluoride Yes No

If there are any retained baby teeth that will cause a problem in the future,

Dental Consent

The doctors at Hidden Valley Animal Clinic will do everything possible to preserve and maintain the health of your pet's teeth. During the course of the examination and cleaning, loose or decayed teeth may be found. Unhealthy and decaying teeth can lead to further health complications for your pet including, but not limited to heart disease.

Teeth that need to be extracted are usually either 1) loose or 2) infected. The purpose of dental care for pets is to help them retain as many teeth as possible. However, if your pet has loose or infected teeth they should be extracted for health reasons.

1. Loose Teeth: Teeth that are loose have pockets between the tooth and the gum that holds food particles. Bacteria will grow in the decomposing food. Everytime the animal chews, bacteria is showered into the bloodstream. This creates increased risk of heart and lung disease and puts a continual strain on the immune system.

2. Infected Teeth: These teeth have abscesses at the root of the tooth. As this abscess enlarges it erodes the surrounding bone of the jaw causing the adjacent jawbone and adjacent teeth to also become weakened and infected.

If, in the doctor's professional judgment, these teeth should be removed do you give your consent?

Select only one of the following options

_____ Yes, I give my consent for the doctors to use their professional judgment and extract any teeth necessary to maintain my pet's health.

_____ Yes, I give my consent for extractions AFTER I have been called and informed of the situation. If I am NOT available, then I DO give my consent for the doctors to extract any teeth necessary.

_____ Yes, I give my consent for extractions AFTER I have been called and informed of the situation. If I am NOT available, then I DO NOT consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed. If this box is checked, then no teeth will be removed without verbal authorization from the owner.

_____ **I am aware that some teeth may be so loose or diseased that they may just fall out when scaled to remove the tartar.**

I, _____, have read and agree with the above
statement(s). *(print name)*

Signature: _____

Date: _____