

# Dental Prophylaxis Consent Form

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Did your pet eat this morning?	YES _____	NO _____
Has your pet been sick in the last 30 days?	YES _____	NO _____
Has your pet had any reactions to medications?	YES _____	NO _____
Have you given your pet any over the counter medications?	YES _____	NO _____

**For the safety of your pet and the pet's in the clinic, we require all boarding and surgical patients to be free of fleas and ticks. If staff finds any parasites on your pet, we will administer parasite control at the owner's expense.**

## PRE-OPERATIVE BLOOD TESTING:

Complications during and following sedation/anesthesia used during medical/surgical procedures can possibly be avoided if the doctor is aware of any underlying ailments such as anemia, infection, kidney malfunction, or liver disorders. These problems may not be evident on physical exam. Because these conditions can be detrimental to your pet's health, we highly recommend that all animals undergoing sedation/anesthesia have pre-operative blood testing. In addition, these results will serve as reference values should your pet become ill. **The price of the test is not quoted in the price of surgery.**

## PLEASE READ AND INITIAL ONLY ONE:

\_\_\_\_\_ Basic Profile: Available to all surgical patients (\$75.00)  
\_\_\_\_\_ Detailed Profile: Recommend for ill patients and patients over 7 years (\$110.00)  
\_\_\_\_\_ I Decline Pre-Operative Blood Testing

## DENTAL RADIOGRAPH CONSENT:

I understand that disease below the gum line involving the tooth roots and all surrounding tissues cannot always be assessed without dental radiographs. The fee for Dental Radiographs is \$75.00.

\_\_\_\_\_ I authorize the attending doctor to proceed with dental radiographs as deemed necessary.

\_\_\_\_\_ I do not authorize the any dental radiographs.

## EXTRACTION CONSENT (INITIAL ONLY ONE):

Dental procedures, including simple and surgical extractions can be associated with risks. I understand these risks may include broken tooth roots, bleeding, dry sockets, and damage to surrounding tissues. Rarely, fractures of the bone may occur, necessitating further work. At our hospital, every effort is made to predict and avoid these complications but unforeseen events may occur.

\_\_\_\_\_ Have a doctor proceed with all procedures, including unforeseen tooth extractions as determined by the attending doctor.

\_\_\_\_\_ Have the doctor proceed with all procedures, including unforeseen tooth extractions, up to \$\_\_\_\_\_ cost. Please call to discuss the case if more work is needed beyond this cost. If I am unable to be reached, only part of the needed work will be done and the procedure may be finished at a later date. This will increase the total cost of the work.

\_\_\_\_\_ Call me if any additional work, including unforeseen tooth extraction, is needed. I understand that if I cannot be reached, no additional work will be performed and may have to be completed at a later date. This will increase the total cost.

\_\_\_\_\_ I prefer my pet to be referred to a board certified Veterinary Dental Specialist and do not authorize any extractions.

### **PAIN MANAGEMENT:**

For the comfort of your pet and improved healing, we highly recommend take home pain medication:

- Pets 0-25lbs \$30.00
- Pets 26-50lbs \$37.00
- Pets 51-75lbs \$45.00
- Pets 76-100lbs \$50.00
- Pets 101-125lbs \$55.00
- Pets 126+lbs \$60.00

Initial: YES \_\_\_\_\_ NO \_\_\_\_\_

### **ADDITIONAL PROCEDURES:**

Canine Heartworm Screening Test \$30.00	Initial: Yes _____ No _____
Feline Combo Test \$38.00	Initial: Yes _____ No _____
Nail Trim \$10.00	Initial: Yes _____ No _____
Microchip \$55.00	Initial: Yes _____ No _____
Anal Gland Expressed \$15.00	Initial: Yes _____ No _____
Ear Cleaning \$25.00	Initial: Yes _____ No _____
Fluoride Treatment \$10.00	Initial: Yes _____ No _____

### **AUTHORIZATION AND RISK ASSESSMENT:**

I authorize anesthesia/surgery for my pet. The nature and risks of this procedure have been explained to me. I understand that some risks exist with anesthesia and/or surgery and I am encouraged to discuss any concerns associated with risks with my veterinarian before the procedure(s) are started. My signature on this consent form indicates that questions have been answered to my satisfaction.

I authorize Hecht Veterinary Hospital to perform any additional diagnostic, treatment or surgical procedure(s) deemed necessary for medical or surgical complications or any unforeseen circumstances. While Hecht Veterinary Hospital provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Hecht Veterinary Hospital, the veterinarians or any team member liable for any complications that may arise.

I accept full financial responsibility for the services rendered on behalf of this patient. I understand that payment is due in full upon release of this patient and that payment may be made by cash or check. **I understand that Hecht Veterinary Hospital does not have a payment plan, extended credit plan or billing policy.**

**I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA  
CONSENT FORM**

Owner signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ ask for \_\_\_\_\_