



## Informed Consent for Dental Procedure

Your pet is scheduled for anesthesia and/or surgery. Like you, our greatest concern is the well being of your pet so prior to putting him/her under anesthesia, we will perform a complete physical examination. In addition, I feel that every pet undergoing surgery should also have pre-anesthetic blood work, IV catheter, and pain management. These procedures help reduce the risk of anesthesia and make your pet more comfortable.

\* Pre- anesthetic blood profile: The pre- anesthetic blood profile is to maximize patient safety and alert the doctor to the presence of dehydration, anemia, infection, diabetes, and/or kidney or liver disease, which could complicate your pet's procedure, thereby compromising your pet's health. These conditions may not be detected without a blood profile. These tests are similar to those your own physician would run if you were to undergo anesthesia.

\* IV catheter: Intravenous catheters during surgery allow fluids to be given which help to counteract hypotension (low blood pressure) produced by anesthesia. If an emergency situation should arise during surgery, an IV catheter also allows venous access so that drugs can be given during the first few critical minutes of an emergency.

\* Pain Management: We believe that all animals undergoing a surgical procedure be kept pain free. We give all pets an injection of narcotic immediately after surgery. We also give take home pain medications for the next few days after surgery. Good pain control helps pets heal faster and more effectively as well as relieve post- surgical discomfort.

\*OraVet: Provides a barrier sealant that helps to protect teeth and gums from plaque and calculus buildup due to bacteria. We will apply the first application here while your pet is under anesthesia for their dental. After their dental you will begin the weekly at-home applications of OraVet Plaque Prevention Gel to your pet's teeth and gum line. These weekly applications help maintain the protective barrier your veterinarian established, and take less than 60 seconds.

This procedure is an additional cost of \$\_\_\_ for the first application and \$\_\_\_ for an 8 week Take Home Kit.

\_\_\_\_ Please apply OraVet to my pet's teeth.

\_\_\_\_ No, I decline OraVet for my pet.

\* Microchip: While your pet is under anesthesia, we can place a permanent ID under your pet's skin. It is a tiny microchip that contains a personal identification number. If your pet were to become lost and is brought to a shelter or animal care facility they will

check your pet for a microchip with a special scanner. When the ID number is picked up by the scanner they will contact AVID's 24 hour hotline and perform a quick search through their PetTrac database. Once your pet is identified you will be contacted and reunited with your pet.

This procedure is an additional cost of \$\_\_\_\_\_.

\_\_\_\_\_ Please microchip my pet.

\_\_\_\_\_ No, I decline a microchip for my pet

\_\_\_\_\_ My pet already has a microchip.

I, the undersigned owner or agent of the pet identified above, certify that I am\_\_\_\_\_ I am NOT\_\_\_\_\_

eighteen years of age or older. I have been informed that my pet is in need of preventative or therapeutic dental care and consent to the appropriate procedures described to me by staff veterinarians at Traditions Animal Hospital. These procedures include but are not limited to:

1) dental prophylaxes (routine cleaning and polishing), 2) extractions, 3) gingival flap surgery to close gaps left by extractions, 4) root planning, 5) dental radiographs, and/or 6) antibiotic gel implants.

I am aware that dental procedures for pets require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the 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 these risk with the attending veterinarian before these procedures are initiated. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such services.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I have also been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

If teeth need to be extracted and you want to be contacted before the extractions occur, then please leave a contact number. If you want to be contacted and we can not reach you, then the teeth WILL NOT be extracted and additional surgeries may be needed.

\_\_\_\_\_ Please call me before any extractions. My Phone Number is:\_\_\_\_\_

\_\_\_\_\_ You have my permission to extract any teeth that need extracting.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to pay a deposit of 50% of the estimated fees, assume financial

responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

I have read and fully understand the terms and conditions set forth above.

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Signature of Owner or Agent

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Date

I can be reached at the following phone numbers:

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Primary

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Secondary