



Pre Surgical Consent Form-Dentistry

Pet's Name _____ Owner's Name _____

In an effort to provide the best possible service for you and your pet, please take a moment to review and complete this admission form. Routine dental care for pets involves procedures similar to those your dentist performs on you. General cleaning includes: Pre-anesthetic exam, I.V. catheter with fluids, and blood testing if over 7 years old, dental cleaning, scaling, polishing and application of Oravet, a dental sealant that last 2 weeks. Our goal is to preserve all teeth and extract only those that are severely diseased. During the oral exam and teeth cleaning we may discover additional problems associated with your pet's teeth and gums that were not visible while your pet was awake.

I.V. Catheter and Fluids – Included for all Dentistry Patients

Fluids help your pet stay hydrated throughout their dental procedure, maintain blood pressure, and helps flush anesthesia out of the body, which helps your pet wake up from anesthesia faster.

Pre Surgical Blood Testing - \$81.00

Pre surgical blood testing evaluates liver and kidney functions and red blood cell counts which can help reduce the risk of anesthesia. This test is recommended, but optional for animals less than 7 years old and **required for pets over 7 years old** (unless blood tests performed within last 3 months were normal).

Accept_____

Decline_____

Dental X-Rays – First View \$53.00 Additional Views \$28.00

Dental x-rays provide us with valuable information about the condition of your pet's teeth and jaw. Routine x-rays can reveal hidden cavities, decay, and infections that can seriously impact your pet's overall health as well as their comfort and ability to eat. Having x-rays performed could make extracting teeth easier and less traumatic for your pet.

Accept_____

Decline_____

Extractions

I authorize the extraction(s) of teeth that may cause health impairments in the future; including diseased, fractured, or loose teeth.

Accept_____

Decline_____ Initial ____

I would prefer to be referred to a dental specialist to try to save diseased teeth.

Accept_____

Pain Medication – Based on Size of Pet \$40.00 - \$80.00

All pets under anesthesia will receive pain medication. If extractions are performed during your pets dental, we will administer a pain management injection. Pain medication will be sent home if extractions are performed.

Antibiotic Therapy

All pets with a Grade 2, 3 or 4 Dental will receive an antibiotic injection to protect against infection. This injection will last 12 hours. If your pet has gum disease or gets teeth extracted, we will send home antibiotics for approximately one week.

Post Surgical Care – Two Week Recheck

Two weeks after your pet's dental cleaning, you have the opportunity to schedule a follow up technician exam at no charge. At this exam, we will recheck the dental work with you and show you how to brush your pet's teeth.

You will also have the opportunity to pick up Oravet, a dental sealant that if applied weekly at home will help reduce tartar build up.

FELINE PATIENTS ONLY

If antibiotics are needed, I prefer to go home with Liquid Tablet

Optional Additional Procedures

Physical Exam - \$60.00 Yes No

Please list any concerns you would like the Doctor to address while your pet is here:

-
- Vaccinations – (price varies) Yes No
 - Microchip: Includes Lifetime Registration - \$50.00 Yes No
 - Fecal Testing - \$31.00 Yes No
 - Anal Glands Emptied - \$23.00 Yes No
 - Nail Trim - No Charge Yes No

Flea Control - \$11.00

To maintain a flea free environment, any pet admitted to Wilderness Animal Hospital with evidence of fleas will be given a Capstar© tablet to kill the fleas. If there are no fleas seen, we do not administer this flea control to your pet.

Food/Medication

Last time your pet ate _____ AM/PM

Last time medication was given _____ AM/PM

Name of medication(s) _____

Release

I am the owner and/ or caretaker of the pet and am over 18 years of age. I assume responsibility of care after surgery and authorize the Doctors at Wilderness Animal Hospital to perform the above surgery. While performing the surgery, should the Doctor find the procedures(s) to be more involved resulting in additional cost, I will be contacted at the phone number below. I understand full payment is required when the patient is discharged.

Signature of Owner/Caretaker _____

Owner's name (please print) _____

Date _____/_____/_____

Phone Number where you can be reached TODAY (_____) _____ - _____

If you cannot be reached while your pet is here, we will not perform any procedure that is not already authorized on the estimate/admission form. This may lead to the need for additional treatment under anesthesia in the future.

Initials_____