



Dental Procedure Consent (feline)

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:

Phone Number:

Anesthetic procedure(s) to be performed: **Dental (feline)**

I, the undersigned owner or agent of the pet identified above, authorize the staff of Wilderness Animal Hospital to perform the above procedure(s).

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, full mouth radiographs, scaling, polishing and application of Oravet, a dental sealant that last 2 weeks.

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.

Food/Medication:

Last time your pet ate: _____ AM/PM Last time your pet received medication: _____ AM/PM

Name of medication(s): _____

Pre-Anesthetic Blood Testing: ☐ Accept ☐ Decline ☐ Already Done ____/____/____

Blood testing to evaluate liver and kidney function and red blood cell count can help us better reduce the risk of anesthetic complications. This test is recommended, but optional for animals less than 7 years old and required for pets over 7 years old (unless blood tests ran within last 3 months were normal).

Dental Extractions (cost varies):

☐ **Accept** - The extraction(s) of teeth that may prevent health impairments in the future; including diseased, fractured, or loose teeth. Our goal is to preserve all teeth and extract only those that are severely diseased. *The doctor and technician will perform x-rays of your pet's entire mouth. This will provide a baseline for the overall dental health of your pet and determine if extractions are necessary.*

☐ **Decline**- I would prefer a referral to a dental specialist to try to save diseased teeth.

Additional procedures:

Physical Exam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vaccination(varies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None Needed
Microchip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Already Has a Microchip
Fecal testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Already Done ____/____/____
Anal glands	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Toe nail trim (included)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Would you like to have a photo update of your pet? Yes ☐ No ☐

Pictures are sent through our app "PetDesk." Please ask Reception for more information or help to download our app

☐ **I understand that my pet's procedure will be performed in the morning OR in the afternoon.**

Our surgery staff will call you to set up a discharge time once your pet's procedure is completed.

Pain medication: (based on size of pet \$40.00 - \$80.00):

☐ **I would prefer LIQUID medication for my cat**

☐ **I would prefer TABLET medication for my cat**

☐ I acknowledge that all pets under anesthesia will receive pain medication. If extractions are performed during my pet's dental, the doctor will administer a pain management injection. Pain medication will be sent home in the event extractions are performed.

Antibiotic Therapy

☐ I acknowledge that 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 my pet has gum disease or gets teeth extracted, the doctor will send home antibiotics for approximately one week.

Post Surgical Care – Complimentary 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.

IV Catheter and Fluids - Included with all Dental Procedures

IV catheters significantly increase the safety of the anesthetic procedure. The catheter provides a route to administer emergency medicine in the rare cases needed, helps keep and is also a route to maintain blood pressure during the procedure which has been shown to improve and speed recovery and decrease reactions to anesthesia.

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 at a cost to the owner.

Release:

I am the owner or caretaker of the pet and am over 18 year of age. I assume responsibility of care after surgery and authorize the doctors at Wilderness Animal Hospital to perform the 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. If I cannot be contacted, I authorize the doctor to perform the necessary procedure at his/her best discretion. I understand full payment is required when the patient is discharged.

Signature of Owner: _____

Date: _____

Emergency phone number at which you can be reached today : (_____) _____ - _____

Patient's Belongings:

Anesthesia / Surgical Consent

Anesthetic and surgical procedure(s) to be performed: **Dental**

I, the undersigned owner or agent of the pet identified above, authorize the staff of Wilderness Animal Hospital to perform the above procedure(s).

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

I understand that the attending veterinarian will make every effort to contact me regarding treatment in the case of unforeseen emergencies. If unable to contact me, the attending veterinarian will perform appropriate life saving measures unless you decline such measures:

- ☐ I give permission for life sustaining procedures - CPR (Cardiopulmonary Resuscitation)
☐ I do not give permission for life sustaining procedures - DNR (Do Not Resuscitate)

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical exams and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

A pre-anesthetic exam will be performed on your pet prior to the surgical procedure. Pre-anesthetic blood work is recommended for all pets and required for pets over 7 years of age.

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

I am the owner (or agent for the owner) of the above described animal, am over the age of 18 years old and have the authority to execute this consent.

Notice regarding overnight hospitalization

At Wilderness Animal Hospital, between the hours of 7pm and 7am there is no staff present to monitor or treat patients. If the veterinarian managing the case feels that it is in the patient's best interest to be monitored overnight, you will be advised prior to 7pm and asked to transfer your pet to a facility for overnight care. We currently recommend BluePearl Specialty + Emergency Pet Hospital in Tacoma. They can be reached at (253) 474-0791.

If you have any questions regarding our policy, please do not hesitate to ask.

I have read and understand this authorization and consent. I take full responsibility for payment at the time of service.

Signature of Owner: _____

Date: _____

Phone number(s) at which owner can be reached today or tomorrow:() -