



ANIMAL HOSPITAL OF WAYNESBORO

DENTAL CONSENT FORM

Owner's Name: _____

Patient's Name: _____ Species: _____

Your pet is scheduled for a dental prophylaxis (teeth cleaning) and complete oral evaluation on _____. We will examine the entire oral cavity and will check each tooth for problems. If we find that removing teeth is indicated, our approach is to remove only those teeth that must be extracted. Dental x-rays may be needed to evaluate overall tooth health. If possible, all dental work (cleaning, polishing, x-rays, extractions, sealing) will be completed within one visit. However, on occasion, when difficult, lengthy procedures are needed, another appointment will be scheduled. Our goal is to give your pet the best dental care possible in a safe and efficient manner.

The nature of these procedures has been explained to me, and I understand what will be done. I understand that hospital support personnel will be used as deemed necessary by the veterinarian.

I understand that there are certain risks and complications associated with anesthesia and with any surgery or procedure of this type. I further understand that during the course of the surgery or procedures, unforeseen conditions may arise that necessitate the performance of additional procedures.

I understand that my pet's doctor will conduct a full physical exam prior to anesthesia and that I will be charged an appropriate fee if my pet has not had an examination by a doctor at the Animal Hospital of Waynesboro within 1 year of the procedure.

I understand that my pet's vaccinations must be current. If vaccinations are needed, I authorize them to be given and understand that I will be charged for the vaccinations and for the examination.

I understand that my pet will be treated for fleas and/or ticks if observed. I assume full responsibility for any treatment expense incurred.

I understand that because the doctors at the Animal Hospital of Waynesboro consider the placement of an IV Catheter and administration of fluids to be important for this procedure, it is included in the cost. During anesthesia an animal's blood pressure can drop and this may damage the kidneys. By providing IV fluids, your pet's blood pressure will better stay in the normal range during anesthesia. The IV catheter also provides quick access for injections.

I understand that because the doctors at the Animal Hospital of Waynesboro consider the management of pain to be important for my pet's well-being and healing, a safe and long-lasting pain medication by injection is included in the cost.

I understand that my pet's surgery has been scheduled for either the morning or the afternoon. On the day of surgery, the doctors determine the order of the surgeries performed. This dental is scheduled for the **am** **pm**

Additional services:

The use of laser therapy *in addition* to administering pain medication following surgery has been shown to reduce pain and inflammation and assist with healing. Laser therapy is not recommended for surgeries involving cancer. The cost for laser therapy treatment is \$20.55.

I authorize laser therapy for my pet. YES NO

Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. For this reason we recommend screening prior to administering anesthesia. Information about the tests included in the pre-anesthetic blood screen is enclosed. The cost of these important tests ranges between \$62.55 and \$70.00. The pre-anesthetic blood screen is more cost effective if done prior to the procedure. Please ask us if you have questions about the time frame.

I authorize a pre-anesthetic blood screen for my pet. YES NO DONE

We encourage pet owners to microchip their animals for an all-inclusive price of \$60.80.

Yes, I would like to microchip my pet. No, I would not like to microchip my pet. My pet has been microchipped

I am the owner or the agent of the animal described above, and I have the authority to execute this consent. I take responsibility in the event my authority is contested. I absolve the doctor and/or the hospital from any legal actions that may occur if my authority to authorize treatments and/or procedures is contested.

I hereby consent and authorize Dr. Gregory Lorenz, Dr. Valerie Weiss, Dr. Michelle Weeks, or Dr. Stacy Reeder to perform this dental and the procedures listed above.

Client Name: _____

Signed: _____ Date: _____

I authorize dental x-rays and extractions if needed

Signed: _____ Date: _____

Please leave us telephone numbers to contact you at any time during the day. This is very important in case questions arise.

Telephone #1 _____ Telephone #2 _____ Telephone #3 _____

Please list any medical conditions that may affect anesthesia:

Please list any medications and herbal remedies your pet is presently taking:

