



## Dental Cleaning Consent



**Client ID #:** \_\_\_\_\_  
**Pet Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Client's First & Last Name:** \_\_\_\_\_

**Please sign your full signature on each line designated "Owner's...."**

- I am the owner of the above named pet and have the sole ability to make medical and financial decisions involving care.

**Owner's full signature** \_\_\_\_\_

- I have received, reviewed, and agree to the estimate for the following services:  
 Blood screening before anesthesia  
 Anesthesia, monitoring, nursing care, and other hospital care associated costs  
 Teeth cleaning, polishing, fluoride treatment, and wax sealant  
 Oral exam under anesthesia for the purpose of diagnosis (does not include treatment)  
 Full mouth dental x-rays  
 1 Post-Op Laser Therapy Session (Gums)  
 Antibiotics (additional cost)  
 Pain prevention medication (as needed)  
 Consultation, office call  
 Other: \_\_\_\_\_

- Payment in full is expected at the time your pet leaves the hospital.
- Payment can be made by cash or check to save the standard 3-5% credit/debit card processing fee, ScratchPay, Trupanion, or Care Credit.

**Owner's agreement to pay for the services marked** \_\_\_\_\_

Anesthesia is needed to perform dental work on pets.

- I authorize the use of anesthetics/sedatives as deemed advisable in the performance of such surgical, diagnostic or therapeutic procedures.
- I realize that the administration of any anesthetic agent carries a small but realistic possibility of complications, which include death.
- I consent to the doctor's use of professional judgment for anesthesia and/or surgery. I am aware of the nature of the procedures being performed and I acknowledge that no guarantee has been made as to the results that may be obtained.
- I understand pets may have hidden medical problems (heart disease, etc.) that may not be apparent at this time.

**Owner's consent to anesthesia** \_\_\_\_\_

- Under anesthesia an examination of all teeth and mouth is performed and may lead to discovery of a problem(s) that cannot be seen on a pet who is awake.
- Dogs / Cats have 42 / 30 teeth but only around half of those teeth can be seen when examining the teeth on a pet while awake on the exam table (not under anesthesia).
- An x-ray of a tooth can lead to findings of disease that would not be known without the x-ray.
- Under anesthesia, sides of the teeth that cannot be seen on an awake pet (tongue in the way) may lead to findings of disease/problems.

**Owner's signature of understanding** \_\_\_\_\_

Since the dental problems found under anesthesia during the oral exam cannot be predicted ahead of time, an estimate of cost to fix the unknown problems is not known. Therefore, a second estimate of costs will be given to me once all findings are known. Once the findings and cost are made known to me, I have option to:

- 1.) Wake up my pet and not proceed, or
- 2.) Continue with treatment for those new findings/additional costs.

By signing here I understand there may be unknown dental problems/costs and I am not under any obligation to continue with treatment during this visit.

**Owner's signature of understanding** \_\_\_\_\_

- There are situations where infection or a painful condition (like a broken jaw) is found once the teeth are examined/cleaned. In this case, I understand it is the doctor's professional judgment in my pet's best care and I agree to such treatment/charges for antibiotics/pain medications.

**Owner's signature of understanding** \_\_\_\_\_

*While your pet is under anesthesia, the doctors and staff understand the stressful nature of making decisions at such a time and do not wish owners to make treatment or financial decisions under duress but rather encourage a return visit for follow-up treatment at a future date. **Choose one option below.** After my pet's in-depth oral exam and full mouth radiographs:*

\_\_\_\_\_ 1.) **I would like to be called, while my pet is under anesthesia, so I can make decisions about any necessary and potential treatments today.** If I am not available when called, I understand that my pet will be woken up without treatment.

\_\_\_\_\_ 2.) **I do NOT need to be called. Please proceed with treatment** that the doctor feels is appropriate and I understand that I will be responsible for those additional charges. This may include extractions @approximately \$20 per root. Depending on the specific tooth, it can have anywhere from one to three roots.

\_\_\_\_\_ 3.) **DO NOT perform additional treatments.** As an owner, I would like to return for a future treatment date.

**Owner's full signature** \_\_\_\_\_

When my pet is in recovery, please notify me via: (CIRCLE ONE)

**TEXT                      PHONE CALL**

I can be reached at the following number: \_\_\_\_\_

Employee initials \_\_\_\_\_

