



# DENTAL CLEANING AND PERIODONTAL TREATMENT CONSENT FORM

Patient Name: \_\_\_\_\_ Patient Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Procedure Requested: \_\_\_\_\_

## Owner Responsibility:

- I understand that my pet should **NOT EAT** after midnight the night before the procedure.
- **DROP OFF TIME** is between **7:30-8:00 AM** on \_\_\_\_\_ (Date of Procedure)
- I understand that home care administered by myself or a designated caretaker is recommended to achieve best overall success. It is my responsibility to notify **River Run Animal Hospital** before altering the doctor's recommendations. I understand that changes, supplementation, or alteration of any prescriptions may possibly result in an unfavorable or detrimental side effect with medical complications.
- Home care instructions will be provided at the time of my pet's discharge.
- I agree to make myself available by telephone during the day of my pet's anesthesia.

## Hospital and Procedural Information:

- **Anesthesia:** Pre-surgical blood tests and physical examination will enable us to assess and minimize the risk of anesthesia to your pet.
- **Monitoring:** To minimize anesthetic risk, we monitor the heart, blood pressure, respiration rates, temperature and oxygenation.
- **Catheterization:** For sterility, hair will be shaved over a vein on the leg so that an intravenous catheter (IV) can be placed. Blood pressure may lower during anesthetic procedures and fluid therapy aids in supporting your pet's internal organ systems. It also allows immediate access to the vascular system in case of an emergency.
- **Pain Management** may be necessary in some dental procedures. The veterinarian will administer pain medications accordingly to your pet's needs.
- **Antibiotics** may be necessary given the degree of dental disease, and are an additional fee.
- **Radiographs:** All dental procedures include full mouth radiographs. Much of the teeth lie below the gum line and radiographs are necessary to determine periodontal health.

## Extractions:

It can be difficult to predict if teeth need extraction when an animal is awake because tartar and movement interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infections for other organ systems (liver, kidney, lungs, and heart). During the dental cleaning, the teeth are evaluated, and if found to be diseased, they may require an extraction or referral to a veterinary dentist for repair. The cost of extractions varies depending on the difficulty and can range from \$36 to \$240 per tooth. The veterinarian WILL call if there are severely diseased teeth.



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In the event that I cannot be contacted (please check a box):

- I authorize all medically necessary extractions to be performed.
- I do not authorize any extractions to be performed. I understand my pet may require an additional anesthetic procedure, at a significant additional cost, at a future date to pursue any additional problems.
- I would be interested in pursuing specialized care for further treatment such as root canals, fillings and orthodontics.

**Additional Procedures** (check all that apply; an additional fee may apply):

- Nail Trim
- Anal Gland Expression
- Microchip Implantation
- Other: \_\_\_\_\_

**Authorization:**

I have read and fully understand this surgery consent form.  
 I authorize anesthesia and surgery for my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia and surgery, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure is initiated. Additionally, I authorize River Run Animal Hospital to perform any diagnostic or medical treatment as deemed necessary for any unforeseen medical or surgical complications if one should arise. While River Run Animal Hospital provides the highest quality of anesthetic monitoring, dentistry, and surgical services, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, dentistry, or surgical procedure. I fully acknowledge and understand these medical risks. I recognize that the veterinarians and hospital staff will do all that is necessary to minimize such risks. I will hold harmless River Run Animal Hospital, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care. I understand the hospital is not liable for any lost or damaged personal property (leashes, collars, etc) that are left in the hospital.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me,

I would like my pet to be resuscitated (CPR)  and agree to pay for these services

I would not like my pet to be resuscitated (DNR)

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name (Printed): \_\_\_\_\_ Phone: \_\_\_\_\_

RRAH Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_