

Oral Health Assessment and Treatment Consent Form

Name of Pet:

Doctor:

Client:

Date:

I understand my pet will be placed under general anesthesia for the following procedures:

- Complete Oral Exam
- Dental radiographs to further evaluate the teeth and supporting structures.
- Cleaning of the teeth, sub-gingival cleaning, and polishing of the teeth.

I understand it is impossible to know if my pet will need additional treatments (including extractions, oral surgery, and/or special periodontal therapy) prior to the above procedures. I understand I will be contacted by phone after my pet's complete oral assessment to discuss the treatment plan needed including a new cost estimate and potential complications.

Should we **NOT** be able to reach you by phone (please check one box):

If I cannot be reached by phone, I authorize the veterinarian to proceed with all necessary treatments, including extractions. I understand I am fully responsible for any additional costs for these procedures.

If I cannot be reached by phone, I do **NOT** authorize any additional treatments. I ask that you wake my pet with the understanding we may need to return for additional treatments under general anesthesia at a later date.

Phone number I can be reached at today:

*NOTE: This number is for IMMEDIATE contact since your pet will be under general anesthesia and timing is critical."

I have read and understand the following in regards to general anesthesia and oral surgery:

I understand my pet will undergo general anesthesia today. Risks of general anesthesia, including death, have been explained to me. I understand there can be complications, although rare, with any anesthetic or surgical procedure. I understand my pet will not be under general anesthesia longer than two (2) hours, which may entail a second dental procedure should my pet require extensive treatment.

I understand my pet may need additional therapies today, including extractions. Rare complications associated with extractions include infection, wound dehiscence, incomplete extraction/retained roots, jaw fracture, excessive bleeding and orbital trauma.

I understand alternative treatment (i.e. root canal therapy) may be recommended today. I understand advanced or complicated treatments will necessitate referral to a dental specialist, which will require an additional procedure at a later date. I understand it is my option to decline these services.

Owner Signature

Date