



Date: \_\_\_\_\_

## Dental Consent Form

Date: \_\_\_\_\_

Owner: \_\_\_\_\_

Pet: \_\_\_\_\_

**PROCEDURE:** Ultrasonic dental scaling and polishing

### **EXTRACTIONS - YOU MUST INITIAL ONE OF THE FOLLOWING OPTIONS**

**Tooth Extractions** - Tooth extractions are often necessary in pets with moderate to severe dental disease or fractured teeth. These can vary from minor single rooted incisors and premolars to major (double and triple rooted) premolars and molars. Some major tooth extractions may also require gingival tissue surgery. Most extractions also need additional anesthetic time.

\_\_\_\_\_ I give the doctors of My Pet's Vet permission to perform any necessary oral surgical needs (tooth extractions, growth removal, etc) without contacting me. I understand that such procedures may incur additional cost.

\_\_\_\_\_ I prefer to be contacted prior to any additional procedures if the charges are in excess of those listed in the estimate, the total charge for additional procedures should not exceed:

\_\_\_\_\_ \$200.00

\_\_\_\_\_ \$500.00

\_\_\_\_\_ I must be contacted prior to the performance of ANY oral surgery or tooth extractions. By choosing this option, I fully understand that my pet will be under anesthesia longer and I accept responsibility for increased medical risk and /or cost. I also understand that if I cannot be contacted within a reasonable amount of time that my pet will be wakened from anesthesia. If I choose at a later time to have the procedure performed, it will be require additional anesthesia and cost.

### **POSSIBLE COMPLICATIONS OF DENTAL CLEANING**

- Infection – of the gums, extraction sites, or systemic
- Pain/anorexia – depends upon extent or extractions and /or oral surgery
- Recurrence of periodontal disease - dependent upon aggressiveness of prevention
- Bleeding of the gums – should resolve within 1-2 days
- Anesthetic complications, including death

\_\_\_\_\_ I have read and understand the possible complications of dental cleaning.

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

Emergency Contact Phone Number: \_\_\_\_\_