

# **DENTAL CARE CONSENT**

**Pet's name** \_\_\_\_\_ **Owner's name** \_\_\_\_\_ **Today's phone #** \_\_\_\_\_

I, the undersigned owner or agent of the owner certify that I am eighteen years of age or older. I have been informed that my pet is in need of preventative or therapeutic dental care and consent to the appropriate procedures. These procedures will involve general anesthesia, full oral radiographs and dental prophylaxes (routine teeth cleaning and polishing) and may involve simple extractions (\$5-30), gingivectomy (removal of inflamed or excess gum tissue \$15-30), root planing, antibiotic gel implants, major extractions with gingival flap surgery (\$80-125 + local dental anesthetic \$20 and follow up radiograph \$15), bonded sealant application (\$55). Many dentals require pre or post op antibiotics and pain control 4-7 days.

I understand that although very safe, anesthesia does have risks. I also understand, although unlikely, there may be risks with dental procedures such as extractions. I have discussed any concerns I have with Dr. Rotigel. **Pre-anesthetic blood work has been recommended at a cost of \$56 (required for patients 8 years old and older). Heartworm testing for dogs must be current.**

**IT IS CRITICAL THAT OWNER BE AVAILABLE BY PHONE TODAY TO APPROVE ANY NEEDED ADDITIONAL SERVICES OR IT WOULD THEN INVOLVE ADDITIONAL COSTS, ANOTHER ANESTHESIA AND PROCEDURE...**

**I understand that examinations under anesthesia can reveal dental disease which may require additional procedures. Please circle one of the following 5 choices:**

1. I approve any/all dental procedures Dr. Rotigel feels appropriate.
2. I wish to be called to approve any additional dental procedures, but if unable to reach me, I approve all appropriate/recommended procedures.
3. If unable to reach me, I approve all additional/recommended procedures up to \$ \_\_\_\_\_
4. I wish to be called at to approve any additional procedures and if unable to reach me I decline all additional procedures.
5. I decline all additional/recommended procedures.

Should unexpected life saving care be required and Dr. Rotigel is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care. yes                      no  
(Please note that this is very unlikely).

I want pre-anesthetic blood work done before anesthesia: yes                      no  
I approve recommended pain medication yes                      no  
I approve pre meds and anti- nausea medication \$25-30 (dogs) yes                      no

Please list all health problems your pet may have such as seizures, heart disease, etc.

\_\_\_\_\_

**Current immunizations are highly recommended. Your pet is due for:** \_\_\_\_\_

Additional requests/concerns today: \_\_\_\_\_

**I UNDERSTAND THAT IF FLEAS ARE FOUND A CAPSTAR/FLEA PILL WILL BE ADMINISTERED AT A COST OF \$4-6.**

\_\_\_\_\_  
Signature of owner/agent \_\_\_\_\_ Date **Discharge time** \_\_\_\_\_