



Dental Surgery Level 2 Consent

Client Name:

Address:

Phone Number:

Patient Name:

Species:

Breed:

Sex:

Color:

Weight

Dental Prophylaxis with X-Rays:

0-24 lbs \$419.75

25-49 lbs \$482.75

50-74 lbs \$524.75

75-99 lbs \$566.75

>100 lbs \$598.75

Our dental prophylaxis with X-rays cleaning and polishing includes the following:

1. A pre-anesthetic assessment will be performed as part of the dental procedure. A full wellness exam is required for all patients within 90 days of the procedure.
2. IV Fluids
3. Gas anesthesia using isoflurane.
4. Pulse oximeter monitoring of oxygen level and heart rate.
5. Ultrasonic cleaning and polishing of the teeth.
6. Oral exam while under anesthesia by the doctor.
7. Full mouth radiographs.

*These options below may not be required for your pet depending on their age, however we do recommend them for the safety and comfort of your pet. By checking the box next to the option you want you are asking that we perform that service. Please let us know if you have any questions.

☐ PRE ANESTHETIC BLOOD TESTING \$180.00-\$200.00

We run a very thorough test of approximately 35 different things, including a CBC for anemia and white blood cell problems, testing for liver, kidney, electrolyte problems, diabetes, thyroid levels and many other things. This is an option if your pet is under 7 years old and **is required for pets 7 years and older.**

☐ EXTRACTIONS \$39.75-\$199.50

These are done only if the doctor determines that they are needed. It is best for us to have authorization now so that we do not have to keep your pet under anesthesia while we are trying to reach you on the phone. The cost can vary greatly due to the difficulty level of the extraction. There may be additional charges for antibiotics, pain medication, nerve blocks and gum suture depending on the severity of extractions.

I understand that some risks always exist with anesthesia and/ or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

I understand that the attending veterinarian will make every effort to contact me regarding treatment

in the case of unforeseen emergencies. If unable to contact me, the staff may or may not have my permission to proceed with life sustaining procedures. By giving my permission I accept any charges associated with treatment and procedures performed.

I give my permission [yes]: ☐ I do not give my permission [no]: ☐

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the procedure is performed, such as re-check physical exams and/or treatments. These are more likely to occur when there is a failure to comply with the aftercare instructions.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____ Date: _____

Phone number(s) at which owner can be reached today or tomorrow: