

Comprehensive Oral Health Assessment and Treatment

Please read and complete this entire form (front and back) and bring back with you on the day of your pet's dental procedure.

****REMEMBER, NO FOOD and only small amounts of water after 10pm THE DAY PRIOR TO THE APPOINTMENT****

Pet's name: _____

1. Contact information

In the event of an emergency, if a complication arises, or if there are additional questions, please leave a number where a doctor can reach you or another responsible person immediately (not a message machine). Time is of the essence when your pet is under anesthesia.

Primary number: Name _____ Phone #: _____

Alternate number: Name _____ Phone #: _____

2. Pre-anesthetic screening

Pre-anesthetic bloodwork is required for all dental procedures. These procedures can require several hours under anesthesia if multiple extractions are found to be necessary. It is our goal to ensure your pet is as healthy as possible prior to undergoing this procedure. If abnormalities are found, appropriate steps can be taken to ensure the safety of your pet. It is important to understand that this does not guarantee the absence of complications, but serves to forewarn us of any obvious underlying concerns. These labs must be done within three months of your pet's procedure or as otherwise recommended by your pet's doctor.

3. Dental x-rays

Full mouth radiographs are recommended for every pet undergoing a dental procedure. Without radiographs it is easy to miss severe disease hiding under the gum line. This information is crucial to allowing us to treat your pet effectively and ensure a pain-free mouth. Full mouth radiographs are required for pets known to have severe dental disease on visual examination. Radiographs can be taken of individual teeth and are required prior to extraction of any tooth. For pets with more mild dental disease that have no obvious need for tooth extraction, radiographs are optional, but still highly recommended.

- I approve full mouth screening radiographs for my pet
- I approve individual x-rays of teeth with obvious disease above the gum line (\$25 each)
- I decline full mouth screening radiographs for my pet and understand that this results in an incomplete evaluation

4. Tooth extractions

There are multiple reasons we may recommend extracting a tooth. We assure you that our goal is to retain as many teeth as possible and only recommend extraction when we feel it is in your pet's best interest. Having no tooth is far better than having a painful tooth. Leaving diseased teeth in the mouth can promote progression of disease to the surrounding teeth. If we are not able to reach you during the procedure, we will not go forward with any x-rays or extractions that have not been pre-approved and another procedure may be recommended at a later time.

Please understand that there is no way of knowing the full extent of dental disease until a thorough oral exam under anesthesia and dental x-rays are performed. If we find more severe disease than expected, treatment cost could exceed the estimate provided prior to surgery. It is also possible to find disease that requires advanced surgical training to address. If this arises, we can refer you to a specialist to have any additional procedures performed.

- Please extract any and all teeth as you feel necessary
- I approve extractions up to a total cost of \$_____ for the entire procedure
- Please call me prior to any extractions. I will be readily available by phone.

5. Additional procedures

Please indicate here if there are any procedures to be performed in addition to the dental. These will be charged for separately.

- Addt surgical procedure (*only if previously discussed*) _____
- Other _____

I understand that there are inherent risks associated with oral surgery and anesthesia and give my consent for these procedures.

Date _____