

Estimate Rec'd _____
Owner's Initials _____

Glenwood Falls Animal Hospital

Dental Consent

Owner's Name: _____ Pet's Name: _____

Procedure or Surgery Today: **Dental Prophylaxis (Cleaning)**

Contact Phone Number(s): *Please place a check mark by the phone number that should be called first.*

Cell: _____ Work: _____
Home: _____ Alternate: _____

How would you like us to notify you when your pet wakes up from anesthesia? Text Phone Call Email

When a dental procedure is performed, it is important to know that the degree of periodontal diseases is often best assessed when the pet is under anesthesia. At this time, diseased teeth are often found which could require additional care beyond the cleaning, scaling and polishing that is included in a dental prophylaxis. In the case that additional procedures (i.e. extractions) are needed and in the event that we are unable to contact you while your pet is under anesthesia please check the box below to authorize what procedure is approved. ****If we cannot contact you regarding medically necessary extractions or additional procedures then a second procedure will need to be scheduled (at the expense of the owner).***

- Do what doctor feels is needed to give my pet a healthy mouth (if extractions are needed a pain injection will be given at the owner's expense). _____ (int)
- Call me at the contact number(s) provided above for approval of any procedure or extraction not previously discussed with me or included in my dental estimate. If I cannot be reached I understand that my pet will be awakened and a second dental, along with anesthesia may need to be scheduled. _____ (int)

I, the undersigned owner or agent of the pet identified above authorize the veterinarians and staff of Glenwood Falls Animal Hospital to perform the above procedure(s). I authorize the use of the appropriate anesthetic and medications that are needed to perform the procedure(s) or surgery. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the pet is released from the hospital. I understand that veterinary medicine is an inexact science and every procedure, especially the use of anesthesia, involves risk and that results regarding the outcome of this/these procedure(s) cannot be guaranteed.

I understand that unforeseen conditions may extend the procedure or surgery and that if this happens the Glenwood Falls veterinarians and staff will try to contact me to discuss these conditions. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff:

_____ (int) has permission/I agree or _____ (int) does not have permission/I do not agree to provide such treatment(s) and to pay for such service(s).

Signature of Owner or Authorized Agent

Date

Glenwood Falls Animal Hospital

Comfort and Safety Standards

General Health Profile Initial: _____

Anesthesia carries some risk (even though it may be small). GFAH's doctors and staff utilize safe anesthetic protocols for all our patients. Each patient will receive thorough blood test screening to ensure there are no underlying concerns. This will allow us to see how the internal organs are functioning, and check for anemia and dehydration.

Intravenous Catheter and Fluids Initial: _____

An IV catheter and fluids will be placed to allow the surgical staff to have a direct port to your pet's heart and the help maintain blood pressure during your pet's surgical procedure. Also, in the event of an emergency, with a catheter already in place emergency care can potentially be administered or performed in a timely manner.

IV fluids and catheter will help maintain intra-operative blood pressure, reduces post-operative renal failure and provides immediate access to the heart should an emergency situation arise.

Pain Medication

If extended procedures, other than a routine dental cleaning is performed (i.e. extractions) pain medication will be given to your pet and sent home. The costs of the medications are additional. Prices are as follows:

Dogs - Pain Injection and Oral Pain Medication \$35.00-\$60.00 _____ (int)
Cats - Pain Injection and Oral Pain Medication \$60.00-\$85.00 _____ (int)

Additional Procedures (these procedures are performed at a discounted price due to the patient being under sedation)

- | | | |
|--|------------------------------|--|
| <input type="checkbox"/> yes <input type="checkbox"/> no | Microchip | \$ 40.00 (Reg. \$45.00) |
| | | *Does not include \$19.99 Registration fee |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Toe Nail Trim | \$5.00 (Reg \$15.00) |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Ear Cleaning | \$5.00 (Reg \$15.00) |
| <input type="checkbox"/> yes <input type="checkbox"/> no | Anal Gland Expression | \$5.00 (Reg \$15.00) |