

## Consent for Dental Care

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

I hereby authorize Ellison Drive Veterinary Hospital and its designated associates or assistants to administer such treatment and perform such procedures, including anesthesia, as are considered therapeutically and/or diagnostically necessary for the care of my animal. These procedures include but are not limited to the following: dental prophylaxes (routine teeth cleaning, polishing and extractions)

**Every dog/cat that will be staying in the clinic will be given a pill called Advances OR Capstar to kill fleas, regardless if you pet is current on a monthly flea prevention. Cost to owner is \$5.00. All animals entering the hospital must be up to date on all vaccinations and free of external parasites (fleas, ticks, etc) or they will be treated upon entry at the owner's expense.**

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. **I have authorized the given estimate along with an amount of additional extractions can be added if necessary. If additional extractions are needed more than the approved amount we will contact you for your approval. If you are unable to answer the phone during the time we call we will move forward in waking up your pet from anesthesia. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.**

**Additional extractions amount approved in addition to the estimate given.**

\_\_\_\_\_ \$300      \_\_\_\_\_ \$500      \_\_\_\_\_ \$700      \_\_\_\_\_ \$900

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered.

**In the event that emergency treatment is required and until I can be reached, I pre-authorize the veterinarians and assistants to perform such medical treatment as is necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made or implied. I give consent for treatment not to exceed the amount of. I hereby release the veterinarians and assistants from any and all claims, except claims for negligence, arising out of or connected with the performance of his/her treatment.**

\_\_\_\_\_ \$0 - DNR      \_\_\_\_\_ \$300      \_\_\_\_\_ \$600

I also authorize the hospital to obtain any medical information from the previous veterinarian that might be needed during the above-named animal's stay in the hospital.

**I accept financial responsibility for the treatment(s) of the above-named animal and I understand that payment in full is due upon the release of this animal from the hospital or when service is otherwise terminated. Please provide the following services:**

Client Signature \_\_\_\_\_

Date \_\_\_\_\_