

Chesapeake Veterinary Hospital, Inc.

410-643-3101

Dental/Anesthesia Consent Form

Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Client Name: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Color: \_\_\_\_\_

Birth date: \_\_\_\_\_

I am the owner of the above-named animal, or am responsible for it, and **I hereby consent to the procedures** described to me by staff members at this facility. These procedures include but are not limited to the following: 1) dental prophylaxes (cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions and 4) antibiotic gel implants, Heska Treatment. I am aware that dental procedures for animals require the use of anesthesia that some risks always exist, and I consent to general anesthesia. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care.

Along with my pet's dental procedure today, I would like the following **additional procedures** to be performed:

**Patient's Medication, including non-prescription drugs/supplements:**

- Medication #1 \_\_\_\_\_
- Dosing amount and frequency \_\_\_\_\_
- Time last taken \_\_\_\_\_
- Medication #2 \_\_\_\_\_
- Dosing amount and frequency \_\_\_\_\_
- Time last taken \_\_\_\_\_

**Patients Diet Information:**

- Food Brand(s) \_\_\_\_\_
- Amount Fed \_\_\_\_\_
- Frequency of feeding \_\_\_\_\_
- Time of last meal \_\_\_\_\_

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 and awkward protrusion of the tongue to one side or the other. All pets requiring extractions will receive pain medication while here and a prescription for at home use. Fees will vary depending on the number of teeth extracted. **I do consent to extractions and agree to pay for all related fees.**

Yes  No

Periodontal disease (separation of the gum from the tooth) is often diagnosed at the time of tooth cleaning, and can be treated with an oral antibiotic gel called **Heska** that glues the gum back to the tooth and bone. This treatment helps to prevent further extractions and loosening of teeth. Should CVH staff find periodontal disease, I consent and agree to pay for **Heska treatment**? Yes  No

A sealant, known as Oravet will be placed on my pet's teeth following the dental procedure to help prevent plaque reattachment. This sealant will last approximately 2 weeks. CVH staff will be happy to show me how to apply weekly treatments of Oravet at home to further the fight against plaque.

**I am interested in purchasing a t Take-Home Kit of Oravet?** Yes  No

**I would be interested in permanently identifying my pet with at Microchip.** Yes  No

**Pre-anesthetic Blood Testing** is recommended for all patients, I authorize testing to be done as follows:

Small Chemistry (for animals less than 7 years old) Yes  No

Large Chemistry/CBC (for dogs 7 years old and older) Yes  No

Large Chemistry/CBC/T4 (for cats 7 years old and older) Yes  No

Blood Testing has been done within the last 4 weeks, I am not repeating today. Yes  No

**CVH Recommended Anesthetic Protocol** for all Patients is to place and IV Catheter and administer Propofol. It is the safest protocol for inducing a sleep-like state (especially for our pets 7 years of age and older), and allowing the placement of a breathing tube to administer gas anesthesia. Gas Anesthesia is used to keep the patient asleep during the procedure(s). You may choose to have us use this anesthetic protocol on your pet, or you may choose to have us use the routine induction protocol that is include in the estimate for your surgery.

**I understand that an estimate of the fees for the above dental care can be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for services rendered, and agree to provide payment on a cash, credit card or check basis at the time my pet is discharged.**

Phone number(s) where I can be reached today \_\_\_\_\_

Signature of owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_