

## Dental Consent Form

I am the owner/agent of the above/described animal and have authority to execute this consent. I hereby authorize consent for Craig Road Animal Hospital Staff to perform a dental cleaning and a polishing.

**Pre-Operative Blood Testing** ☐ Yes ☐ No ☐ Already done Date:

Pre-Operative blood testing can screen for liver and kidney diseases, anemia, and other disorders that may be present and may place your pet at an additional risk

-Pre-Operative profile with complete blood count is recommended for patients <5 years old

-Complete Chemistry Profile and complete blood count is recommended for patients > 5 years and that have pre-existing medical conditions

Once your pet is under anesthesia, our Doctors and Dental Technicians will be able to perform a more complete oral exam. During this oral exam we may find teeth that need to be radiographs and/or extracted that were not obvious on the initial dental exam.

### **Digital Dental Radiographs**

Dental x-rays, or radiography, has greatly enhanced the way we, practice veterinary dentistry. So much of dental disease, such as periodontal disease, tooth root abscesses, jaw fractures, tumors, etc., occurs below the gum line that only can be found with dental radiography. Dental radiography also allows for diagnosis of certain diseases, plan for the appropriate treatment as well as monitoring for treatment success. It will help us stage teeth for further treatment

We recommend full mouth dental radiographs on all pets when they are having their dental cleaning done. We may find abnormal teeth that were not visible during the complete oral exam. **The cost for full mouth diagnostic radiographs is \$70.00.**

**Post extraction radiographs are an additional \$18.00 each.**

In order to prevent excessive anesthesia time please indicate how you would like us to contact you and/or proceed with your pet's dental.

☐ **APPROVE:** I approve all necessary dental procedures needed at this time. I accept full responsibility of financial charges associated with this decision.

☐ **DO NOT APPROVE:** I would only like to be called in an emergency situation. Do not perform any additional dental procedures. A treatment plan will be provided to me at time of discharge.

In the event any adverse medical problems occur because of my decision not to treat my pet's dental issues, I accept full financial responsibility and I hereby, release Craig Road Animal Hospital and all staff members of all responsibility for my decision.

I understand payment is due in full at time of discharge. By signing below, I indicate that I understand this consent and I have an agreement with Craig Road Animal Hospital.

**CPR** ☐ Yes ☐ No

Cardiac Circulatory Pulmonary Resuscitation: I understand that risks and potential complications exist with anesthesia surgery and do not hold Craig Road Animal Hospital liable for those risks. The attending veterinarian will perform any necessary lifesaving emergency care and I agree to assume all financial responsibility associated with my decision.

ER contact # \_\_\_\_\_