

DENTAL CARE CONSENT FORM

Pet's name _____ *Owner's name* _____ *Today's phone #* _____

I, the undersigned owner or agent of the owner certify that I am eighteen years of age or older. I have been informed that my pet is in need of preventative or therapeutic dental care and consent to the appropriate procedures. These procedures will involve general anesthesia and dental prophylaxes (routine teeth cleaning and polishing) and may involve 1. simple extractions, 2. gingivectomies (removal of inflamed or excess gum tissue), 3. root planing, 4. antibiotic gel implants, or 5. major extractions with gingival flap surgery and local anesthetic, 6. OraVet Sealant application to prevent plaque/calculus accumulation. I understand that although very safe, anesthesia does have risks. I have discussed any concerns I have with Dr. Rotigel. **Pre-anesthetic blood work has been recommended at a cost of \$49.**

I understand that examinations under anesthesia can reveal dental disease which may require additional procedures. Approximate costs for these procedures are as follows: extraction \$5-90/tooth, gingivectomy \$5-20, local anesthetic \$18, antibiotic gel implant \$35, Concil bone grafting material \$45, antibiotics \$10-30, OraVet plaque prevention system \$32. Dental x-rays may be recommended for questionable dental disease or prior to extractions at a cost of \$30 1st film/\$15 following films.

Please **circle one** of the following 5 choices:

1. I approve any/all dental procedures the doctor feels appropriate.
2. I wish to be called at _____ to approve any additional dental procedures, but if unable to reach me, I approve all appropriate procedures.
3. I wish to be called at _____ to approve any additional procedures and if unable to reach me I decline all additional procedures.
4. If unable to reach me I approve of all additional procedures up to \$ _____
5. I decline all additional procedures.

Should unexpected life saving care be required and Dr. Rotigel is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care. yes no
(Please note that this is very unlikely).

I want pre-anesthetic blood work done before anesthesia: yes no

I want **OraVet sealant** applied after the dental cleaning \$32 yes no

I approve recommended pain medication be given (cat\$12/dog \$12-30) yes no

Please list all health problems your pet may have such as seizures, heart disease, etc.

I UNDERSTAND THAT IF FLEAS ARE FOUND A CAPSTAR/FLEA PILL WILL BE ADMINISTERED AT A COST OF \$4-6.

Signature of owner/agent _____ Date Pick up time _____

The Visiting Vet Mobile Veterinary Clinic/Dr. Seely Rotigel