

Southgate Animal Clinic

DENTAL TREATMENT CONSENT

Client	Pet	Species	Age	Phone #	Chart #
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Medical History

Is your pet current on vaccinations? Yes No

Is your pet experiencing any vomiting,
coughing, sneezing or diarrhea? Yes No

Is your pet taking any medications? Yes No

Do you want us to check other problems
(i.e. lumps, ears, etc)? Yes No

Please list _____

Do you use dental hygiene products
on your pet? Yes No

If yes, please list _____

Elective procedures to be performed

(Additional charges may apply)

Remove warts, skin growths or lumps
Location(s) _____

- Express anal glands
- Clean ears
- Courtesy nail trim
- Other _____

Intravenous Catheter and Fluids

We recommend an IV catheter be placed prior to undergoing anesthesia. IV fluids help your pet by improving blood pressure, assist in processing the anesthetic agents, compensate for blood loss and provide a direct line in case of emergency.

I would like my pet to have an IV catheter placed and receive intravenous fluids. Cost \$38.00

I do not want my pet to have an IV catheter placed.

Pre-anesthetic testing

Your pet is scheduled for anesthesia and dental treatment. Any anesthetic procedure has potential risk. Therefore, we

recommend a blood profile for all pets and require it for pets over 7 years of age, to ensure that your pet is in suitable condition prior to this procedure. We are able to perform quick and accurate blood tests before your pet's anesthetic induction. These tests are the same that your doctor would request before you would undergo anesthesia.

YES: I hereby consent to the recommended pre-anesthetic tests.

NO: I decline the recommended pre-anesthetic tests. I understand the potential risks by the omission of these tests. I assume full responsibility for my pet should complications arise.

Consent to perform extractions and necessary procedures

A full dental exam is performed once your pet is under anesthesia. Until then we can not detect every dental problem your pet may have. A staff member will call you to update your estimate if additional services are needed. We recommend completing all needed dental procedures during this visit to help reduce stress on your pet and additional anesthesia costs. Please check the options below:

- Perform any needed procedures &/or extractions.
- Provide only the requested dental plan as per my written estimate.
- Call me after the dental exam and provide an updated estimate of any additional procedures.

You can reach me at _____
or _____

- Do what is needed if unable to reach me.
- Do not proceed if unable to reach me. I understand my pet may need to undergo another procedure in the future.

Signature _____

Date _____

