

MTAH
Dental Consent Form

Patient's Name: _____

Primary Phone #: _____ Secondary Phone #: _____

To minimize the time that your pet spends under anesthesia, it is important that we know your desires before proceeding. This avoids delays involved with us trying to contact you to discuss your wishes; or worse yet- us being unable to contact you at all at a crucial decision-making point. If a situation arises that requires additional and/or different diagnostic or therapeutic procedures we will attempt to contact you. If we are unable to contact you, the doctor will proceed at his/her discretion. In most cases we make decisions based upon our values as if we were treating our own pets.

A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of a general anesthetic. I understand that there are risks associated with anesthesia & give my consent for the doctor to administer anesthesia as he/she deems necessary. During anesthetic procedures we routinely monitor your pet's pulse ox, ECG, and blood pressure. During any surgical procedure it is necessary to place an IV catheter to allow easy access if your pet's vital signs drop to an unsafe level. If this occurs we will administer IV medications and/or fluids.

In certain cases, it might be necessary to send your pet home with medications for continued administration (i.e. antibiotics or pain medication). There will be an additional charge for medications dispensed by our pharmacy for take home use. Once dispensed these items are not returnable/refundable.

I certify that I am the owner/agent for the above-named pet and hereby consent and authorize the medical staff at Mt. Tabor Animal Hospital to perform the procedures/treatments indicated above. I understand that any surgical procedure carries potential risks, and no results are guaranteed.

Client Signature: _____ Date: _____

Witness Signature: _____

Certain disease processes are progressive and it is our intent to minimize pain, therefore certain procedures (i.e. tooth extractions) that will prevent unnecessary pain in the future may be indicated for your pet. The removal of some teeth may result in unavoidable consequences, such as jaw fractures, or an inability of the pet to keep its tongue in the mouth. Additional charges for such extractions may apply. The standard cost for tooth extractions is \$5.50 per minute. *If surgical doctor determines that tooth extraction is indicated during routine cleaning:*

Initial one: _____ **Perform extraction(s) as indicated** OR _____ **Do NOT extract teeth**

While your pet is in the care of Mt Tabor Animal Hospital, all reasonable measures will be taken to prevent life-threatening emergencies from occurring. However, if such an event does occur (as in cardiac/respiratory arrest) I hereby consent to and authorize the performance of heroic and life-saving procedures as deemed necessary and desirable in the exercise of the veterinarian's professional judgement. I am aware that if I consent to CPR, no outcome is guaranteed, and I am expected to pay for all services rendered.

Initial one: _____ **Administer CPR** **OR** _____ **DNR (Do Not Resuscitate)**

Diagnostic tools help us identify potential risks to anesthesia. To better evaluate your pet's health and ability to metabolize anesthesia, it is *highly recommended* that we obtain critical information from blood samples and perform an electrocardiogram prior to undergoing anesthesia. Please be aware that declining these tests may put your pet at higher risk for reaction(s) to anesthesia.

Pre-Surgical Blood Test (for pets < 10 yrs)
Fee is \$79.00

Initial one: _____ **Authorize blood test** **OR** _____ **Decline blood test**

**In some cases, the doctor may determine that it is appropriate to apply results from recently performed labs, rather than obtaining a new sample. This determination will be made at his/her sole discretion. **

Check if you want the doctor to evaluate previous lab results prior to testing new sample. (*Only applies to samples drawn within last 6 months.*)

Pre-Surgical ECG
Fee is \$52.00

Initial one: _____ **Perform ECG** **OR** _____ **Decline ECG**

PRE-SURGICAL BLOODWORK IS REQUIRED FOR PETS 10+ YRS. DUE TO HIGHER RISK

Pre-Surgical Blood Test (for pets > 10 yrs) _____ Authorize blood test
The fee is \$139.50 (initial)

**In some cases, the doctor may determine that it is appropriate to apply results from recently performed labs, rather than obtaining a new sample. This determination will be made at his/her sole discretion. **

Check if you want the doctor to evaluate previous lab results prior to testing new sample. (*Only applies to samples drawn within last 6 months.*)

If you have any questions about the general anticipated degree of dental/oral work anticipated on your pet, please feel free to ask the doctor prior to proceeding.

Additional Services

While my pet is under anesthesia I request the following elective procedures be performed:

Nail Trim (\$15.00):

Initial one: **Accept** _____ **OR** **Decline** _____

Microchip (\$49.62)

Initial one: **Accept** _____ **OR** **Decline** _____

Cost Estimates

I understand that prior to undergoing any procedure or treatment at MTAH, I am entitled to an estimate of costs for professional services. The estimate provided will be as thorough, accurate, and specific to my pet's individualized care as possible. If I do request an estimate it will include treatments and costs that are TYPICALLY associated with performing a procedure or treating a condition. Your doctor will review, revise, and approve your estimate. Estimates are provided as a courtesy to our clients and every attempt will be made to operate within the limits of your estimate; however, unforeseen circumstances may influence your doctor's treatment plan for your pet. Therefore, your estimate is a guideline, and should not be considered a guarantee nor a binding contract, for either party. Deviations may occur from treatments, services, and costs.

Initial one:

_____ **Yes, I would like a cost estimate for these services.**

OR

_____ **No, I decline to receive a cost estimate for these services.**