

Comprehensive Oral Health Assessment and Treatment Consent Form

Client Name: _____ Patient Name: _____ Age: _____

Scheduled Procedure: _____ Emergency Contact #: _____

The following is a list of additional treatments/tests that can be added on to your pet's procedure. Please check any and all that you would like to have done while your pet is here.

- I. **Pre-Anesthetic Bloodwork:** Our greatest concern is the health and well being of your pet. Pre-existing conditions not evident during previous examinations may increase anesthetic risk. We recommend all patients undergoing anesthesia/sedation have the appropriate laboratory testing. **All pets 8 years old and up are required to have this testing prior to anesthesia/sedation.**

Please check one of the following:

- Profile 1: Healthy patients under 2 years of age
- Profile 2: Healthy patients 2-7 years of age
- Profile 3: Patients over 7 years of age or with questionable health status
- My pet is less than 8 years old and I DECLINE the above laboratory testing

- II. **Extractions:** Depending on the oral health examination, a veterinarian may need to extract the affected teeth. Cost of extraction is determined by which tooth is affected and the procedure time.

Please check one of the following:

- Do all that is necessary. I am responsible for any associated costs.
- Extractions are okay, but do not exceed \$_____ for extractions
- Call if extractions are needed (if we cannot reach you, extractions will not be performed)
- Do not extract any teeth

- III. **Microchip Implantation:** Cost also includes registration with Home Again

- AUTHORIZE DECLINE

- IV. **Histopathology:** Submit any excised masses to pathology laboratory for analysis

- AUTHORIZE DECLINE

- V. **Laser:** Provides pain relief and promotes healing at surgical site

- AUTHORIZE DECLINE

- VI. **Nail Trim**

- AUTHORIZE DECLINE

VII. **Other Services:** I request the following services be performed (if time allows).

Please list any medications, including over the counter supplements your pet is taking:

Has your pet taken their medication this morning? YES NO

Has your pet been fasted (no food after 8pm, no water this morning) YES NO

I have discussed the above listed procedure with my pet’s veterinarian and understand the costs involved. In addition to any tests/treatments selected above I understand there may be additional charges including but not limited to Elizabethan collar and take home medications.

Owner Signature: _____ Date: _____

I would like to be contacted via Text or Email

with a discharge time for my pet at: _____