

**\*\*NO FOOD AFTER 6PM THE EVENING BEFORE PROCEDURE, WATER IS OK\*\***  
Drop off between 8 and 8:30 am the morning of procedure

**Veterinary Clinic, P.C.**

2504 W. Burlington

Fairfield, IA 52556

[www.vetclinicpc.com](http://www.vetclinicpc.com)

**DENTAL CONSENT FORM**

\_\_\_\_\_  
**CLIENT**

\_\_\_\_\_  
**PATIENT**

\_\_\_\_\_  
**PROCEDURE**

\_\_\_\_\_  
**DATE**

**PRE-ANESTHETIC BLOOD TESTS**

Your pet is scheduled for a procedure that will require a sedative and/or anesthesia. We always recommend a pre-op blood profile to ensure that your pet is in a low risk category prior to anesthesia. These tests can help rule out pre-existing conditions in the liver, kidney and blood cells that may not be apparent on physical examination, and will serve as reference values for future use should your pet become ill. **(Cost \$69.70) (Senior pets SDMA test +\$14.00)**

**YES** – Please complete the recommended blood tests prior to administering anesthesia.

**NO** – I decline the recommended blood tests, but permit you to perform the procedure.

**ELECTROCARDIOGRAMS (ECG)**

An electrocardiogram (ECG) is a computer analysis of the rate, rhythm and electrical output of the heart. An ECG is recommended prior to anesthesia to assess cardiac function and to minimize anesthetic risk due to heart related conditions. **(Cost \$38.45)**

**YES** – Please perform an ECG on my pet prior to administering anesthesia.

**NO** – I do not want an ECG performed on my pet.

**DENTAL PROCEDURES**

Occasionally tooth extraction is necessary due to advanced periodontal disease or severe damage to a tooth as a result of trauma or infection. For the benefit of oral and general health of the patient, all loose teeth will be extracted. You will not be contacted prior to extraction of loose teeth. An additional fee would be incurred for this procedure. If you would like to be called to discuss any other potential extractions, please let us know, and leave a number where you can be reached.

**YES** – I authorize you to perform all tooth extractions **without** being contacted.

**NO** - I do not want any extractions preformed without being contacted first. \*\*\*

\*\*\* If we cannot contact you regarding medically necessary extractions, then a second procedure will need to be scheduled to perform these procedures.

Treating periodontal disease in your pet will help to heal infected teeth and slow down the progression of dental disease. After your pet's teeth are cleaned, each tooth is checked for gum recession or "pockets" that form from the presence of bacteria and tartar. **Clindoral Periodontal Filler** is an antibiotic gel that is applied to these pockets to treat infection and seal the pocket to prevent disease progression. **(Cost \$28.00)**

**YES** - Please administer Clindoral Periodontal Filler to my pet if needed.

**NO** – I do NOT want Clindoral Periodontal Filler administered to my pet.

**PAIN MANAGEMENT**

Pain medications are recommended for all patients who have had extractions performed during a dental. The cost of pain medications for elective procedures **(\$31.25-46.00)** will vary depending on the size of the patient and the medication used.

**YES** - Please administer and dispense pain medication for my pet.

**NO** - I do NOT want pain medication administered to my pet.

**THERAPEUTIC LASER THERAPY**

Therapeutic Laser Therapy may be used to reduce pain and accelerate tissue repair and regrowth in those patients with gum disease or following tooth extractions. **(\$20.50)**

- YES**- Promote tissue healing with therapeutic laser.
- NO**- I do NOT want laser therapy for my pet.

**INTRAVENOUS CATETHER AND FLUID THERAPY**

Intravenous (IV) catheters and fluids are used to help maintain blood pressure and hydration, which can be crucial to recovery. This becomes more important as an animal ages, if it has certain pre-existing conditions or if anesthesia and surgery are lengthy. It is recommended that an IV catheter be placed and fluid therapy be started prior to your pet's procedure. The cost of an IV catheter, IV fluid line, fluids and fluid administration is **\$81.50**

- YES** - Please provide fluid therapy during my pet's procedure.
- NO** – I do NOT want to have this supportive procedure at this time.

**VACCINATIONS/TESTS (DOGS)**

- YES**  **NO** – **RABIES**: **Required** for all dogs over 3 months of age. Please provide documentation of prior vaccination.
- YES**  **NO** - **DHLPP**: Recommended for all dogs.
- YES**  **NO** – **TRACHEOBRONCHITIS**: Recommended for all dogs (especially those that travel or are boarded).
- YES**  **NO** – **LYME**: Recommended for dogs exposed to ticks.
- YES**  **NO** – I would like my dog to have a blood screen for tick borne illnesses and heartworm..
- YES**  **NO** – I would like my dog to be microchipped.

**VACCINATIONS/TESTS (CATS)**

- YES**  **NO** – **RABIES**: Recommended for all cats.
- YES**  **NO** - **FVR-CP**: Recommended for all cats.
- YES**  **NO** – **LEUKEMIA**: Recommended the first year, and for cats that spend time outdoors.
- YES**  **NO** – I would like my cat to have a FeLV / FIV / heartworm blood test.
- YES**  **NO** – I would like my cat to be microchipped.

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above described animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all such charges when the animal is released from the hospital. I understand that in the event of an emergency my pet will have treatment provided at my cost and I will be contacted as soon as possible. I understand that any procedure, especially anesthesia, involves some risks and that results cannot be guaranteed. I understand that if the animal is not current on the rabies vaccination, this may be done upon hospitalization and added to the cost of the above procedure(s)

*\*\*\*To protect the other pets in our facility, if fleas are detected on your pet, your pet will be treated for fleas at your expense.\*\*\**

\_\_\_\_\_  
Contact #

\_\_\_\_\_  
Alternate #

\_\_\_\_\_  
Signature