

SWITZERLAND ANIMAL HOSPITAL DENTAL CLEANING & ANESTHESIA CONSENT FORM

Date:

Pet's Name:

() Canine () Feline () Other

Owner's Name:

Address:

Phone number(s) where you can be reached throughout the day: _____

I authorize and direct Dr. Bredehoeft or Dr. Barta, my veterinarian, to perform a **professional dental cleaning and oral examination under anesthesia** on the patient named above and/or to do any other therapeutic procedure that his or her judgment may dictate to be advisable for the patient's wellbeing:

Additional procedures: _____

The risks and nature of the procedures as well as alternatives have been explained to me, and no warranty or guarantee has been made as to the result or cure. The doctor has answered all my questions and I hereby consent to the procedure. **NOTE:** Tooth extractions may be deemed necessary during a dental cleaning. We will call you and discuss our recommendations if extractions are needed.

I.V. catheter placement allows easy administration of anesthetic or emergency medication into the vein. **Fluids** insure hydration and stabilization of blood pressure as well as removing anesthetic from the blood during the recovery period. **These procedures are required for all surgeries for the overall wellbeing of your pet.**

Additional Services:

We strongly recommend a **pre surgical blood screen** on all patients undergoing anesthesia. The blood screen includes kidney and liver functions, dehydration and blood sugar testing, as well as checking for anemia and clotting time. The cost for this is 65.00.

Please initial one of the following statements:

- Yes, I want the above tests performed on my pet. _____
- No, I do not want the above tests performed on my pet. _____

We recommend **panoramic digital radiographs** of your pet's teeth be done at each dental cleaning to evaluate the health of the teeth below the gumline. The fee for digital dental radiographs including anesthesia is \$179.00 for cats and \$198.00 for dogs.

- Yes, I wish to have panoramic radiographs taken of my pet's teeth. _____
- No, I do not wish to have panoramic radiographs taken of my pet's teeth. _____ (If the doctor finds any problems such as receding gums, subgingival pockets, loose or broken teeth, etc. that would require radiographs, we will call you to discuss our recommendations.)

We recommend **Oravet Plaque Prevention Gel** after the dental cleaning. It forms a barrier sealant to protect the teeth and gums from plaque and calculus buildup due to bacteria. The cost for a 16 week kit is \$39.00 and we will do the first application at no charge.

- Yes, I wish to purchase Oravet and have it applied today after my pet's dental cleaning. _____
- No, I do not wish to have Oravet applied. _____

We also offer **microchipping** for dogs and cats which allows easy identification of lost pets. This is ideally done while the pet is already under anesthesia (\$45.00). Please initial one of the following statements:

- Yes, I wish to have microchip implanting done on my pet. _____
- No, I do not wish to have microchip implanting done on my pet. _____

Please initial one of the following statements:

- Yes, I would like an estimate of charges for the procedures performed today.** _____
- No, I do not need an estimate.** _____
- I have already received an estimate.** _____

Signature of Owner _____ Witness _____