



## Consent Form for Dental Care

Pet Name: \_\_\_\_\_

Client Name:

Phone Number:

Email Address:

I, the undersigned owner or owner's agent of the pet named above, have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by staff veterinarians at Cascade Summit Animal Hospital (CSAH). These procedures include but are not limited to the following: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) gingival flap surgery to close gaps left by extractions, 4) root planings, 5) dental radiographs, and/or 6) antibiotic gel implants.

Should any dental procedures be necessary and desirable in the veterinarian's professional judgment:

**I prefer to be called before any additional procedures, other than emergencies.**

If I cannot be reached, I authorize you to proceed with all necessary dental procedures **not to exceed the amount of \$500 or \_\_\_\_\_ (fill in \$ amount) above the estimate.** I am aware that if the necessary procedure costs exceed this amount then the procedures will not be done. A second dental procedure would need to be scheduled at a later date to finish necessary procedures.

**If I cannot be reached by phone, I do not authorize any unforeseen dental procedures.**

I am aware that this means infected teeth will be left untreated.

I am aware that dental procedures for animals require the use of anesthesia to: (1) maximize visualization of the gums, teeth, and oral cavity, (2) minimize movement and discomfort, and (3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures, and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, the staff has my permission to provide such treatment, and I agree to pay for such care.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the remaining fees, and provide payment via cash or credit card at the time my pet is discharged.

CSAH requires placement of an IV catheter to administer fluids while under anesthesia. IV fluids will aid the body in stabilizing internal organs, stabilizing blood pressure, and flushing the anesthesia out of the body more efficiently. Along with shaving the hair at the IV catheter site, we may also shave other areas including the surgical site for surgical prepping and cleansing, and also the monitor sites, so they will function properly.

I agree to indemnify and hold Cascade Summit Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

What phone number(s) can you be reached at today: \_\_\_\_\_

**Are there any times you will be unavailable?** \_\_\_\_\_

Number to text if we can't reach you by phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Your Initials Here Will Serve As Your Digital Signature:

Date: \_\_\_\_\_



## What to expect on your pet's procedure day!

### Admit time

We admit all of our surgery patients in the morning before our procedures get started. First thing in the morning the doctor examines all of the surgery patients and plans the anesthesia protocol for each pet. We generally have 3 procedures. Your pet may be the 2nd or 3rd procedure of the day, which means they will be resting comfortably in our treatment room before they get started. From pre-medication to final recovery, each patient may need 2-3 hours of attention. Some procedures take longer than expected. Your pet may be started in the afternoon.

### Discharge Appointment

After your pet's procedure is finished, we will call you to let you know they are awake, and we will discuss a time to pick them up. The pick-up time is generally at the end of the day to ensure they are fully recovered from the anesthesia. Please plan on approximately 15 minutes to review medications and post-anesthesia instructions.

### Hospital Contact Information

**Phone:** 503-655-1722

**Text:** 971-808-2224

**Fax:** 503-607-0136

**Email:** [cascadesummitvets@comcast.net](mailto:cascadesummitvets@comcast.net)