



**VETERINARY  
CENTER  
Dental Consent Form**

Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Phone Number(s) where you can be reached during surgery (very important!)  
\_\_\_\_\_

ALL PETS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL AND INTERNAL PARASITES. ANY PET FOUND TO HAVE FLEAS, TICKS, OR INTESTINAL WORMS WILL BE TREATED AT THE OWNER'S EXPENSE. Dogs- Current on Rabies, DHLPP/DA2PP, Bordatella (kennel cough), and intestinal parasite check within one year. Cats- Current on Rabies and FVRCP

#### CONSENT TO PERFORM EXTRACTIONS AND NECESSARY PROCEDURES

Many pets require sedation before a doctor can complete a thorough dental exam. Each tooth must be carefully evaluated so the veterinarian can choose the best treatment. To help you avoid surprise charges, a staff member will call you to update this estimate during the procedure if additional services are needed. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs. Please check the options below:

- Perform any necessary procedures and extractions at this time.
- Provide only the requested dental prophylaxis at this time.

#### DENTAL X-RAYS

Dental X-rays allow us to look beyond the obvious & better exam teeth and the supporting structures below the gumline. Viewing "inside" many times reveals hidden and often undiagnosed conditions. For that reason dental radiology is recommended for Grade 3 & 4 dentals and Resorptive Lesions.

- Please Proceed as needed
- I do not authorize dental x-rays

#### PREANESTHIC PROTOCOL/LABORATORY TESTS:

Preanesthetic bloodwork is a safety screening to assure proper organ function, clotting ability, detect anemia or infection, and a baseline for future reference. IV fluid therapy maintains blood pressure, replaces blood loss, speeds recovery, and can be used to administer emergency life-saving drugs. If you have any questions, please ask to speak to a veterinarian. IV fluids are given at the veterinarian's discretion. \*\*If Antibiotics are required, do you prefer liquid or tablet form, if given a choice?

#### ADDITIONAL SERVICES REQUESTED (while under anesthesia):

- Microchip (Permanent identification recognized worldwide)
- Nail trim
- Anal gland expression
- Ear cleaning
- Other \_\_\_\_\_

**PRE-SURGICAL DEPOSIT REQUIRED:** Major surgeries, critical care, and emergencies require an advance deposit.

I understand that during the performance of this procedure, unforeseen conditions may be revealed that require an extension or variation of the procedure(s) listed above. I expect Long Trail Veterinary Center to use reasonable care and judgment in performing the procedure. The nature of the procedure

and risks involved has been explained to me and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the pet's care.

Signature of Owner/Agent

\_\_\_\_\_ Date \_\_\_\_\_

Initials of Staff Member \_\_\_\_\_ Date \_\_\_\_\_