



# **LOVING TOUCH ANIMAL HOSPITAL**

## **Dentistry Consent Form**

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This form is intended to promote a clearer understanding of the process involved in cleaning your pet's teeth. Please be aware of the following facts:

1. A thorough evaluation of your pet's mouth, teeth, and gums cannot be accomplished without the aid of a general anesthetic.
2. Incidental findings, such as tumors and abscessed tooth roots, periodontal (gum) disease, cracked teeth, or Feline Odontoblastic Resorptive Lesions (a progressive, cavity-like disease in cats) is not uncommon.
3. It is frequently necessary to change our treatment plan once the pet is anesthetized.
4. Decisions about how to treat a particular problem are highly dependent on your dedication to follow-up care, potential costs involved, anesthetics, and relative anesthetic risk.
5. Certain specialized procedures (i.e. crowns and root canals) are not provided at our facility, but are available through veterinarians who specialize in dentistry. These procedures are usually comparable, or more expensive, than the same procedures in people. We can refer you to a veterinary dental specialist for follow up care, if you so desire.
6. Certain disease processes are progressive and it is our intent to minimize pain. Therefore, we may elect to perform procedures that will avoid unnecessary pain in the future (i.e. we may extract a tooth that is not yet loose but has significant bone loss around it).
7. The removal of some teeth may result in unavoidable consequences, such as jaw fractures, or an inability of the pet to keep his tongue in his mouth. These consequences are rare but they can occur.

**In order to minimize the time your pet spends under anesthesia, it is important for us to know your desires before proceeding. This avoids delays involved with us trying to contact you while your pet is under anesthesia or, worse, we are unable to contact you while your pet is under anesthesia. If, for example, we find an additional tooth that needs extraction, we need your permission to**

**proceed. If we cannot reach you, we cannot do the extraction and your pet will need to go under anesthesia again at later date for the extraction.**

**So that we may know your wishes in advance, we ask you to please check the appropriate boxes below:**

Please do any and all procedures you deem necessary to treat current problems, minimize pain my pet might experience in the future from on-going dental disease, or any other abnormalities discovered in the mouth. I am aware this may involve the extraction/removal of one or several teeth, oral surgery, taking biopsies, or other lab samples as indicated.

If extractions are needed, please do a painless cold laser therapy treatment on the gums to speed healing, reduce swelling and pain (additional \$35.00).

Please run a pre-anesthetic panel to ensure my pet can tolerate anesthesia (additional \$67.00)(**required for pets age 7 years and older**).

### **Intravenous (IV) Fluid Support during anesthesia**

Administration of IV fluids during anesthesia helps maintain blood pressure and blood flow to vital organs. IV fluid support greatly increases the safety of anesthesia. The fluids are administered by IV catheter during surgery. **PLEASE CHECK ONE OF THE BOXES BELOW**

I want my pet to have IV fluids during surgery. I understand the fee is \$50.00 which covers the IV and fluids (**required for pets age 7 years and older**)..

I do not want my pet to have IV fluids during surgery and I understand there **are increased risks during surgery**.

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Please do not extract any “marginal” teeth, which might require extraction in the near future. I am aware this will require follow-up care to prevent rapid progression of disease and possibly increased pain until the next dental treatment.

I would be interested in pursuing specialized care, even if this means leaving currently disease teeth in the mouth until I can obtain an appointment with a specialist.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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