

DENTAL PROCEDURE AUTHORIZATION

Owner _____ Pet's Name _____ Breed _____

Please read carefully.

Pre-Anesthetic Blood Profile

Your pet is scheduled for a procedure that involves anesthesia. Like you, our greatest concern is the well-being of your pet. Therefore, a Pre-Anesthetic Blood Profile is recommended to screen for kidney or liver problems and check for anemia. This Profile may greatly reduce the risk of anesthetic complications as well as identify medical conditions that could require treatment

Authorization for Extractions

Your pet is scheduled for a dental prophylactic cleaning procedure. An assessment of each of the teeth is made as part of the oral examination. Occasionally, teeth are found that should be extracted to improve and maintain the health of the mouth and the overall health of the pet. Severe gum and bone infection are the primary causes for this tooth loss. The decision to extract is made based on standard dental protocols.

Please initial next to one statement:

- I authorize the veterinarian to extract any teeth that cannot be saved. This decision is based on assessment of the tooth and the gum and bone disease involved. _____
- I wish to be contacted before any extractions of teeth. I understand that if I cannot be reached, the diseased teeth will not be extracted. _____

Extended Pain Management

If there are extractions, while recovering from anesthesia, your pet will receive an injection for pain relief. We require for the comfort and well-being of your pet, that pain management be continued for three to five days after extractions or other oral surgery. We will send home pain medication. There will be an additional charge for Extended Pain Management.

Ongoing Dental Care at Home

After the dental cleaning, which of the following would you like for ongoing dental care at home:

- Pet Toothbrush and Toothpaste – daily use
- Oravet Dental Chews - daily use
- Chlorhexidine Oral Spray - daily use
- Nothing. I'll have my pet's teeth professionally cleaned yearly or as needed.

Identification Microchip

A small microchip placed in your pet will help reunite you with your pet if lost or stolen. The cost of the chip includes registering the chip number to you.

Please initial next to one statement:

- Yes, I want a Home Again Identification Microchip placed in my pet while under anesthesia. _____
- No, I do not want a Home Again Identification Microchip placed in my pet today. _____
- My pet already has an Identification Microchip. _____

Services Required for Admission

Vaccinations must be current for admission to Markham Animal Clinic and these will be given today:

- Rabies
- Dogs: Canine DHLPPC Bordetella
- Cats: Feline FVRCP
- An **intestinal parasite screen** (fecal) is required within the past 12 months and will be performed today.

Extended Intravenous fluid administration is required for any pet 7 years or older, or at the Doctor's discretion, if medically necessary (regardless of age) at an additional cost.

I am the owner or agent for the owner of the above-described animal and have the authority to execute this consent. I also authorize the use of appropriate medications as indicated. I have been advised to the nature of the procedures or operations and the risks involved. I realize that results cannot be guaranteed. I have read and understand this authorization and consent. I agree to make payment in full for services rendered prior to my pet's discharge from Markham Animal Clinic.

Signature _____ Date _____

I can be reached at the following telephone numbers between 8:30 am and 2:30 pm:

_____ I prefer to receive a text message at _____