

Dental Treatment Consent Form

Cimarron Animal Hospital
180 N. Harrison Rd. Tucson, AZ 85748 520-886-1125

Patient Name: _____ Client: _____ Date: _____

Procedure to be performed: **DENTAL TREATMENT**
as indicated by Treatment Plan and DEEMED NECESSARY BY THE VETERINARIAN.

Additional Procedures: _____

VACCINATIONS must be current to stay in the hospital.

MEDICATIONS/Supplements/Vitamins _____

EXTERNAL PARASITES Pets found to have fleas or ticks upon presentation will be treated and charged accordingly. (\$15.00 for pets under 25#, \$25.00 for pets over 25#)

ANESTHESIA: I authorize the use of appropriate anesthetics and other medications. I understand that during this procedure(s), unforeseen conditions may be revealed that necessitate an extension of the same or different procedure(s) than set forth above. I understand that, despite pre-anesthetic diagnostics, undetected conditions may exist that could adversely affect 's anesthetic outcome.

RESUSCITATIVE DIRECTIVE: In the unlikely event of Cardiac Arrest, I authorize the following:

_____ CPR (If I am not reachable within 15 minutes, I understand that CPR efforts will be discontinued if spontaneous breathing has not been recovered.

_____ Do Not Resuscitate and assist humane euthanasia.

EXTRACTIONS are only performed when the Doctor determines that the tooth cannot be saved.

DOXIROBE PERIODONTAL ANTIBIOTIC will be infused into periodontal pockets around teeth that the Doctor believes may be protected from further disease and tooth loss if so treated.

AFTER-HOURS CARE I understand that there is no staff on the premises after hours, except by special arrangement, as explained to me by the staff.

PLAQUE BARRIER SEALANT Oravet can be applied after the teeth are cleaned to reduce the build-up of new plaque. This is especially helpful for small breeds and dogs prone to rapid tartar accumulation. Follow up home care, once a week, is important to continue the benefit of this treatment.

I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed. I agree to pay for all services rendered at the time of my pet's discharge despite outcome.

Client signature

Best Contact Number: _____
Other number/ email: _____

staff