

Dental Consent Form

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

I authorize the following procedures to be performed on my pet in my absence:

Dental Treatment as indicated by Treatment Plan and as Deemed Necessary by the Veterinarian.

Additional Procedures: _____

VACCINATIONS must be current to stay in the hospital. Current Due today: _____

CURRENT MEDICATIONS: _____

Were any medications taken today? No Yes _____

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#)

PRE-ANESTHETIC BLOODWORK appropriate to your pet's age and health status has been performed or will be performed prior to giving any medications.

FELV/ FIV Testing is recommended annually for *high risk cats*, sick cats, or *cats with gingivitis/ stomatitis*
_____ Yes, Please test my cat _____ No, thank you

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 also understand that, despite presurgical exams and diagnostics, unforeseen conditions may exist that may cause unexpected anesthetic complications. I authorize the Doctors and Staff to do everything within their power to prevent anesthetic complications.

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 pontaneous breathing has not been recovered.)
 Do Not Resuscitate and please assist humane euthanasia.

_____ **EXTRACTIONS-** In the event that I can not be contacted during my pet's procedure, I authorize the Doctor to
client initials perform extractions that are deemed necessary and will *only be performed* when the Doctor determines that
the tooth can not be saved.

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

ORAVET, PLAQUE BARRIER SEALANT 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. Yes No Thanks

ANCILLARY PROCEDURES: I wish to have the following procedures done while is hospitalized:

Microchip \$60.49 (incl. Registration) **Toe nail Trim** \$10.00 **Anal sac Expression** \$21.00
 Other: _____

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 's discharge regardless of outcome.

/ Authorized Agent signature

Contact Information-- where you can actually be reached throughout the day in case of **Emergency** or the Doctor needing to reach you to discuss your pet's condition.

Phone:
Other: _____
E-mail: Text: _____

Staff _____