DENTAL CONSENT FORM
Nasa Pet Hospital

I authorize Drs. McCoy, Chapman, and/or Kmiecik and/or whomever he/she may designate as their assistants to perform the following procedures: _____ on _____, 2009.

Factors that limit our ability to detect every dental problem your pet may have with just an oral exam may include:

1. Lack of patient cooperation can impair visualization, especially of back teeth.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Dental tartar can hide underlying cavities or fractures

If further problems are detected while your pet is under anesthesia, how should they be handled? Choose one of the following:

☐ Do whatever is needed to give my pet a healthy oral cavity.

☐ Please contact me at the phone number listed below before doing any additional dental procedures. If I can't be reached by phone while my pet is under anesthesia, then

- ☐ Perform whatever procedures are needed
- ☐ Do only what I have authorized

☐ Do only what I have authorized. I understand that additional dental work needed will require another anesthetic episode to complete the dental treatment.

A small area on either foreleg will be shaved for placement of an IV catheter as well as the paw area will be shaved for blood pressure assessment.

Phone numbers where I can be reached today:

Home: _____ Work: _____ Cell: _____

Should an **emergency** arise calling for procedures in addition to or different from those now contemplated, I further request and authorize whatever **emergency** treatment is needed. I consent to the administration and use of anesthesia. I agree to pay in full for all services rendered including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. I understand that complications including, but not limited to infection, cardiac arrest, and death could result.

The nature and purpose of these procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

I understand that blood work will be performed on my pet. I acknowledge that many conditions, including disorders of the liver, kidneys and blood, may not be detected unless blood testing is performed.

I acknowledge that my pet has been fasted for the recommended 8 - 10 hours prior to any anesthetic procedure.

_____ _____ _____

Client's signature | Pet's Name | Date

Client ID#_____ Patient ID#_____ Office use only □ PAP performed □ PAP performed/paid