

## Dental Procedures Treatment Plan

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Phone number (s) where we can reach you today: AM \_\_\_\_\_ PM \_\_\_\_\_

Your pet will be undergoing general anesthesia for a DENTAL procedure today.

Anesthetic monitoring with EKG, heart rate and respiratory monitoring is done on patients while under anesthesia. All patients undergoing anesthesia for a dental procedure have an IV catheter placed and IV fluids administered to provide hydration, support blood pressure, and provide vein access if needed during anesthesia. In addition for patients undergoing general anesthesia we recommend the following:

1. Pre anesthesia blood panel to assess liver & kidney function to aid in determining which anesthetic drugs are safest for your pet. Cost under 6 yrs age panel is \$55.00; over 6 yrs age panel is \$66.00

Consent \_\_\_\_\_ Decline \_\_\_\_\_

2. Oravet: A product that reduces plaque build-up and can be applied to your pets teeth weekly at home. We apply the initial sealant after the dental cleaning. You would begin a simple weekly application beginning in 2 weeks. Initial application cost is \$15.75. The home care kit for 8 weekly applications is \$31.93 after tax.

Consent \_\_\_\_\_ Decline \_\_\_\_\_

The vast majority of dental disease is hidden from view in an awake patient and we will only be able to fully assess the extent of disease once your pet is anesthetized so we can clean, probe, explore and take x-rays if indicated of teeth that appear diseased.

It is important that the phone numbers you provided above are ones where we can reach you during the procedure if we need to discuss further treatment. In the event that x-rays and/or extractions are deemed necessary and you are not reachable by phone please indicate your wishes by checking one box below:

Proceed with treatment needed; including dental X-Rays, oral surgery and/or teeth extractions, and medications administered in the hospital or sent home. I understand additional costs will be involved.

Do not perform any additional procedures unless you reach me. I understand that my pet may need to be re-anesthetized at my expense in order to perform the additional procedures in the future.

I authorize the use of appropriate anesthetics and other medications. I have been advised of the nature of the procedures or operations and I am aware of the risks involved. I have read and understand this authorization and consent.

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