

**Animal Medical Hospital  
At Glenwood, Inc.**

**Dental Consent Form**

Today's Date \_\_\_\_\_

Client's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Purpose of Hospital Stay:     **Dental Prophylaxis (Cleaning)**

Your pet is scheduled for the above procedure. This procedure involves general anesthesia. Although the doctors at Animal Medical Hospital at Glenwood utilize very safe anesthetic protocols and monitoring devices, there are inherent risks involved with any patient undergoing anesthesia. Before animals are anesthetized, a physical exam is performed to help identify health problems that could adversely affect how a patient performs under anesthesia. In order to decrease these risks further, we recommend pre-anesthetic blood testing to help identify additional internal problems that may not be obvious on physical exam. In addition, an IV catheter can be placed prior to the procedure which will help to facilitate quick administration of emergency medications, if needed.

Please check the following items that you would like performed prior to administering general anesthesia:

- \_\_\_\_\_ Perform a pre-surgical blood screen (recommended if less than 7 years old) (\$60.00)
- \_\_\_\_\_ Perform a comprehensive pre-surgery blood screen (**Required** on pets over 7 years if not done in last six weeks) (\$75.00)
- \_\_\_\_\_ I do not want pre-anesthesia blood testing if it is not required

**Patients Undergoing Dental Procedures**

It is not always obvious what the condition of individual teeth and the surrounding gums may be until the procedure is underway. Many times, the teeth and gums need additional treatment which may include extractions, and implanting antibiotics to help with the reattachment of the gums. Cost estimates are available prior to consent.

Please check the following items that you authorize to be performed, if needed:

- \_\_\_\_\_ Extractions (Cost may vary due to number of roots and extraction difficulty)
- \_\_\_\_\_ Please perform additional procedures as needed, with additional cost not to exceed \$ \_\_\_\_\_  
If needed procedures exceed this amount, please call the emergency phone number for consent  
If extractions are performed, antibiotics and pain medication for take home may cost on average \$50 to \$70.
- \_\_\_\_\_ Please do not perform any additional procedures without contacting me first at the emergency number provided on this form.

I hereby authorize the use of such anesthetics you deem advisable for the performance of the above indicated procedures. I understand that the veterinarian does not occupy the building 24 hours a day, but does observe and care for the animals around the clock as needed. I agree to hold you harmless from and against any and all liability arising out of the performance of any procedures referred to above. I also understand that financial payments for said services are due when rendered

**Has your pet been fed this morning?**                    \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

**Clients Signature**

**Emergency Phone #**

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