

Pine Hills Veterinary Hospital, PC
9063 Cypress Street
West Monroe, LA 71291

Dental Consent

Client Name:
Address:

Phone Number:

Patient Name:
Species:
Breed:
Sex:
Color:
Weight

Anesthetic and Dental Cleaning to be performed

(Included in this procedure is sedation, anesthesia, dental exam, dental prophylaxis cleaning and polishing, antibiotic injection)

I, the undersigned owner or agent of the pet identified above, authorize the staff of Pine Hills Veterinary Hospital, PC to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending Veterinarian before the procedure(s) is/are initiated.

Pre-Anesthetic blood panel is strongly encouraged prior to anesthesia to evaluate major organ functions.

Yes, I would like pre-anesthetic bloodwork : Additional cost \$70.00

No, I do not want pre-anesthetic bloodwork.

Dental X-Rays allow your Veterinarian to see below the gum line and between/inside teeth to catch a potentially serious dental problem before it can be seen visually.

Yes, I would like full mouth dental radiography. Additional cost \$75

No, I do not want dental radiography.

Dental disease is very common in pets and often goes untreated or unnoticed until the mouth begins to smell. Dental disease is often classified as Mild, Moderate, or Severe. With moderate to severe dental disease, extractions are sometimes necessary to maintain overall health and possibly remove site of infection or pain. Multiple extractions during one procedure are not uncommon and can benefit your pet's overall health.

Yes, my veterinarian may perform any extractions necessary. Additional cost (\$10-\$32 per tooth)
(Canine Teeth Cost up to \$77 per tooth which includes gingival closure)

Yes, but I want to be called prior to extractions, I understand the veterinarian or technician must step away from my anesthetized pet in order to make this call.

Phone number to call: _____

No, I do not want any extractions.

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved.

I also assume full responsibility for any additional expenses incurred after the surgical procedure is performed, such as follow up radiographs, re-check physical examination and additional surgery due to post-op complications. These are more likely to occur when there is a failure to comply with the aftercare instructions.

All charges, including boarding costs, shall be paid upon release from the hospital. If the pet is not called for within 10 days after the time specified for return, if the doctor is not notified in writing of an alternate date within the 10-day period, the animal will be considered abandoned and may be disposed of as the doctor deems fit. I understand that this does not relieve me of the responsibility of paying for all costs accrued while the above patient is under care of the staff at Pine Hills Veterinary Hospital, PC.

I have read and fully understand the terms and conditions set forth above.

_____ Date: _____

Phone number(s) at which owner can be reached today: _____

Additional procedure(s) I would like to have for my pet not previously scheduled: (E.g., nail trim, vaccinations, heartworm test, flea prevention, etc.) Please list here:
