

Animal Health Clinic of Funkstown
Consent Form for Dental Care for your Feline

Client Last Name: _____ Client First Name: _____

Pet's Name: _____ Species: Canine Feline Other _____

Breed: _____ Age: _____ Sex: Male Female Neutered Spayed

I, the undersigned owner or agent of the owner, of the pet identified above, certify that I **am** **am not** (check one) eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by staff veterinarians at Animal Health Clinic. These procedures include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions, 3) gingival flap surgery to close gaps left by extractions, 4) dental radiographs, 5) antibiotics 6) Oravet Sealant, 6) pain medications.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or technician before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care.

I understand that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also understand that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that during the dental procedure, my pet will receive anesthetic drugs that prevent pain and that depending on the severity of the dental disease it may be necessary **after** the dental for my pet to receive an injection here in the hospital and medications for me to administer at home for pain relief. The medication will help decrease inflammation in addition to effectively controlling my pet's discomfort.

I understand that an estimate of the fees for the above dental care will be provided to me upon request and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

Signature of Owner or Agent

Date

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY

Rabies Vaccines: CURRENT DUE

Certificate with clinic/hospital and expiration date _____

(Proof of a current rabies vaccination is required at time of surgery. Pets that do not have a current rabies vaccine or cannot provide proof of vaccination will be vaccinated the day of the surgery)

Vaccinations: CURRENT Please update today NO I am not interested in vaccinating my pet at this time

Fecal examination within the last 6 months YES NO Please Check a Sample Today

Is your pet on heartworm preventative? YES NO Date last dose was give _____

Any vomiting, coughing, diarrhea in the past 14 days? NO YES - Explain _____

Did your pet EAT this morning? YES NO

Is your pet allergic to any drugs? NO YES - Which medication (s)? _____

Has your pet had ANY illness or injury in the past 30 days? NO YES - Explain _____

Is your pet on any medications? NO YES Which medication(s)? _____

Has your cat been tested for FELV/FIV in the last year? YES NO

Is there ANYTHING we should know about your pet? _____

(i.e. liver, kidney, heart problems, in heat, pregnant, etc.)

Microchip is a Permanent Pet Identification and is a proven way to successfully recover your pet if it should be lost or stolen.

YES I would like my pet to have a microchip NO I am not interested at this time My pet already has a microchip

PRE-ANESTHETIC BLOOD TESTING: Anesthesia carries some risk. Therefore, blood testing is recommended before general anesthesia. The anesthetic agents are often removed from the body by the kidneys and liver, so it is important to know before anesthesia that these organs are functioning correctly. The CBC helps us to determine if you pet is anemic (can be a cause of excessive bleeding). The blood work helps us make the determination to proceed with surgery or not. If there is any indication of organ dysfunction, then appropriate steps can be taken to ensure the safety of your pet.

INITIAL IF YES _____ FOR BLOOD WORK INITIAL IF NO _____ FOR BLOOD WORK

INITIAL IF _____ BLOOD WORK HAS BEEN PERFORMED WITHIN LAST 30 DAYS Date: _____

REMEMBER: Blood work is REQUIRED for all pets 7 years of age or older and for any pet with any pre-existing medical condition that may increase the risks of anesthesia.

FELV/FIV Testing: FELV is spread when the saliva of an infected cat comes into contact with your cat. i.e. mutual licking, grooming, sharing food and water bowls or fighting. FIV virus is in the blood of the infected cat, and it is spread when one cat bites or scratches another. These viruses are highly contagious and fatal. Both viruses can be detected by a blood test.

INITIAL IF YES _____ FOR FELV/FIV TEST INITIAL IF NO _____ FOR FELV/FIV TEST

INITIAL _____ Yes, I understand that after the doctor's assessment of my pet, fluids may be administered during the anesthetic procedure at an additional fee.

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

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian (If owner/agent less than 18 years of age)

Date