



DENTAL CONSENT FORM

For

Many pets require sedation before a thorough dental exam can be performed. In the course of cleaning and evaluating each of your pet's teeth, additional dental disease may be detected that requires treatment procedures beyond those estimated. Such conditions may include:

- **Gingival pockets (predominantly dogs):** Each tooth will be probed for spaces between the tooth root and overlying gum tissue caused by persistent gum infections. Tooth roots in these pockets require root planing, where diseased tissue is cleaned off the root by hand. With deep pockets, Doxirobe, a leave-in antibiotic material, will be placed in the pocket to help reattach the gum to the root and improve gingival health. *The estimate for a periodontal treatment includes a price range reflecting the potential amount of ultrasonic scaling, root planing and Doxirobe required.*
- **Teeth requiring extraction (dogs & cats):** Additional fees may include oral surgery time, local nerve blocks, narcotics/anti-inflammatory medications, antibiotics, and Consil (a synthetic bone to promote bone regeneration).

We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional anesthesia costs. To facilitate communication and minimize your pet's anesthetic time, please check below your consent preference.

_____ I **DO NOT** need to be contacted prior to performing additional necessary procedures and accept full financial responsibility for all additional procedures performed above the estimate. I understand that all additional procedures will be explained to me at discharge of my pet.

_____ I **DO** wish to be contacted prior to performing any additional procedures beyond the written estimate. A hospital representative will contact me for verbal consent regarding additional estimated costs.

In the event I am *unable to be reached* at my contact number during my pet's procedure:

_____ I **AUTHORIZE** any additional necessary procedures and accept full financial responsibility for all additional procedures performed above the estimate. I understand that all additional procedures will be explained to me at discharge of my pet. *Optional: I do not authorize the bill to exceed \$_____.*

_____ I **DECLINE** any additional procedures at this time. I understand any recommended treatments can be performed at a later date, but will require another anesthetic.

Owners Signature

Date

