

# Comprehensive Oral Health Assessment and Treatment Consent Form

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Scheduled Procedure: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

The following is a list of additional treatments/tests that can be added on to your pet's procedure. Please check any and all that you would like to have done while your pet is here.

- I. **Pre-Anesthetic Bloodwork:** Our greatest concern is the health and well being of your pet. Pre-existing conditions not evident during previous examinations may increase anesthetic risk. We recommend all patients undergoing anesthesia/sedation have the appropriate laboratory testing. **All pets 8 years old and up are required to have this testing prior to anesthesia/sedation.**

*Please check one of the following:*

- Profile 1: Healthy patients under 2 years of age (\$76.00)
- Profile 2: Healthy patients 2-7 years of age (\$101.00)
- Profile 3: Patients over 7 years of age or with questionable health status (\$143.00)
- My pet is less than 8 years old and I DECLINE the above laboratory testing

- II. **Extractions:** Depending on the oral health examination, a veterinarian may need to extract the affected teeth. Cost of extraction is determined by which tooth is affected and the procedure time.

*Please check one of the following:*

- Do all that is necessary. I am responsible for any associated costs.
- Extractions are okay, but do not exceed \$\_\_\_\_\_ for extractions
- Call if extractions are needed (if we cannot reach you, extractions will not be performed)
- Do not extract any teeth

- III. **Microchip Implantation:** Cost also includes registration with Home Again (\$53.00)

- AUTHORIZE
- DECLINE

- IV. **Histopathology:** Submit any excised masses to pathology laboratory for analysis (\$132.00)

- AUTHORIZE
- DECLINE

- V. **Laser:** Provides pain relief and promotes healing at surgical site (\$21.50)

- AUTHORIZE
- DECLINE

- VI. **Nail Trim (\$11.00)**

- AUTHORIZE
- DECLINE

VII. **Other Services:** I request the following services be performed (if time allows).

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**Please list any medications, including over the counter supplements your pet is taking:**

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**Has your pet taken their medication this morning?**     YES     NO

**Has your pet been fasted (no food after 8pm, no water this morning)**     YES     NO

**I have discussed the above listed procedure with my pet's veterinarian and understand the costs involved. In addition to any tests/treatments selected above I understand there may be additional charges including but not limited to Elizabethan collar and take home medications.**

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

I would like to be contacted via     Text    or     Email

with a discharge time for my pet at: \_\_\_\_\_