



# Park GrovePet Hospital

# Dental and Surgery Consent Form

Owner Name:	Pet Name:	Age:	
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Date:

Weight: \_\_\_\_\_

As owner of the above named animal, I hereby give my consent to Park Grove Pet Hospital to perform the following procedures:


As owner of the above named animal, I hereby give my consent to Park Grove Pet Hospital to perform a routine dental cleaning consisting of scaling, polishing and fluoride treatment.

- I have been advised that some conditions may not have been evident to the doctor or technician prior to the procedure because of, but not limited to, lack of patient cooperation to visualize all teeth, periodontal problems only detectable by probing under the gum with a dental instrument, underlying cavities or fractures hidden by dental tartar, or problems detectable only by x-ray. If any such problems are found while my pet is under anesthesia, the following action(s) should be taken (**choose and initial only one of the following two choices**):

**Perform whatever procedures are deemed necessary** including, but not limited to, extractions, sutures, epilus removals and x-rays. \_\_\_\_\_ (**initial**)

**Perform only routine dental cleaning as described above.** I understand my pet may have to undergo another anesthetic procedure to complete necessary procedure(s) in the future. \_\_\_\_\_ (**initial**)

- Is your pet currently on any **medications** or **supplements**?

Yes     No

If yes, please list: \_\_\_\_\_

- Would you like **OraVet**, a protective sealant, applied to your pet's teeth (**\$34.68**)?

Yes     No

- Would you like a **microchip** for permanent identification of your pet implanted while under anesthesia (**\$51.45**)?

Yes     No

- Has your pet had a **physical exam** within the last 6 months at Park Grove Pet Hospital?

Yes     No

If **No**, a pre-surgical exam (**\$41.00**) will be performed

- **Has your pet had food withheld since midnight last night?**  
 Yes     No
- PGPH recommends a **pre-anesthetic blood screen** prior to dental procedures (**\$54.60**). This test benefits your pet by potentially alerting us to problems that may impact anesthesia. **It is required for animals age 7 and older.**  
 Required                       Yes, please perform bloodwork                       No, I decline bloodwork at this time
- **All patients will receive an intravenous catheter.** This allows immediate access for fluids and medications to help maintain blood pressure and assure anesthetic stability, especially in older pets.
- At PGPH, we are committed to quality medicine, including **optimum pain management.** Your pet may receive medication for management of pain as deemed necessary by our veterinary team. Options include an injection the day of the procedure, a pain control patch and oral medications to go home. Our veterinarians will select the level of pain control your pet needs.
- All pets admitted must be free of external parasites. **Animals with fleas or ticks will be treated at owner's expense.**
- If we have questions pertaining to any changes in the above procedure(s) and are unable to reach anyone at the phone number(s) below, changes  **may** /  **may not** be made at the doctors' discretion.  
\_\_\_\_\_ (initial)

**I understand there is always a risk involved with anesthesia.** I further understand that during this procedure, unforeseen conditions may be found which necessitate an extension or variance in the procedure(s) set forth above. I expect Park Grove Pet Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure(s) and risks involved have been explained to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting from the procedure will not relieve me from my obligation regarding costs incurred. I understand that full payment for this service is due and payable on the day of service, unless prior arrangement have been made with the management.

Phone number(s) at which we can reach you today:

Signature of Owner/Agent:

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