




# Chesterfield Veterinary Center

## Dental Procedure Consent


Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

I hereby consent to the following procedures for my pet:


✓ **Pre-Anesthetic Bloodwork**

 The pre-anesthetic bloodwork panel evaluates a patient's blood sugar, liver enzymes, kidney function, and electrolytes. Because dysfunction of any of these systems can greatly increase the risk of anesthesia, this bloodwork is an important safety measure.


✓ **General Anesthesia**

 Dental procedures in animals can only be adequately performed under general anesthesia. Your pet will be completely asleep for the procedure. Although general anesthesia always carries a risk of serious complications, including death, these complications are rare. In order to minimize the risk, we always run pre-anesthetic bloodwork, use high quality anesthetic agents, and closely monitor anesthetized patients.


✓ **Dental Scaling and Polishing**

 Ultrasonic scaling removes the accumulated plaque & tartar from your pet's teeth and allows us to polish them to a nice shine! Perhaps more importantly, scaling and polishing are the most effective ways to prevent periodontal disease.

✓ **Dental X-Rays ( I would like to be called before x-rays are taken)**

 Just like your own dentist, proper dental treatment often depends on what is happening beneath the gumline. Dental x-rays (radiographs) allow us to examine the tooth roots and sockets for abnormalities and determine the appropriate course of treatment. In most situations, dental radiographs cost an additional \$30-50.

✓ **Tooth Extractions ( I would like to be called before any teeth are extracted)**

 There are some situations in which a tooth is too badly damaged to be left in place. Many times, extracting a single tooth or several teeth is the best treatment option. However, if it would be inadvisable to extract a certain tooth, or if you do not wish to authorize extraction, we may need to refer you to a veterinary dentist for more advanced treatment.

I certify that I am the owner of the above-named pet (or authorized agent of the owner) and I have the authority to execute this consent. I also agree to hold Chesterfield Veterinary Center free from all liability arising from the performance of the above procedures.

\_\_\_\_\_  
(Signature of owner or agent)



**Please provide at least one phone number at which you may be reached today:**

Call First: \_\_\_\_\_

Call Second: \_\_\_\_\_