



## Peninsula Animal Hospital

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### Dental Exam and Treatment Consent

<b>Pet's Name:</b>	
<b>Breed:</b>	
<b>Color:</b>	
<b>Sex:</b>	
<b>Age:</b>	
<b>Weight:</b>	

A dental exam can help us understand your pet's oral health and aspects of your pet's overall health. However, a thorough exam of your pet's mouth, teeth and gums cannot be accomplished without the use of anesthesia. In order to minimize the time that your pet is under anesthesia, it is important that we have clear instructions from you in advance with respect to how you would like us to treat any condition that we may discover during the dental exam.

Your pet will have an intravenous catheter placed for the procedure. The use of intravenous fluids during surgery facilitates adequate cardiovascular performance, reduces stress on the heart, assists in maintaining your pet's temperature, hydration and blood pressure, and reduces the time it takes for your pet to recover from anesthesia.

While undergoing these procedures your pet will receive anesthetic drugs that prevent pain. Because we care about your pet's comfort and strongly believe that pain relief is important, additional pain medications will be provided, as needed, to control the level of your pet's discomfort after surgery and during its recovery.

Procedures requiring anesthesia or sedation are always associated with a certain amount of risk. In order to minimize that risk, and to better ensure your pet's safety while under anesthesia, we require that the following be performed prior to administering anesthesia or sedation:

1. Exam
2. Labwork if not current or pet is over 7 years of age
3. For dogs: Heartworm test if not current or pet is not on preventives
4. Other: \_\_\_\_\_

I request that you:

Proceed with any procedure you deem necessary to treat any condition you identify during the dental exam, including any treatment to minimize any pain my pet may experience in the future from on-going dental disease.

Proceed with any procedure you deem necessary to treat any condition you identify during the dental exam, but do not exceed \$ \_\_\_\_\_ without contacting me first.

Do not proceed with any procedure without contacting me first.

Specific instructions: \_\_\_\_\_

I am the owner (or authorized agent of the owner) of the animal described above, and have the authority to execute this consent. I understand that some risk always exists with anesthesia, even in apparently healthy animals, including the possibility of death. I have discussed my concerns with the veterinarian and understand that it may be necessary to provide additional medical or surgical treatment to my pet in the event of unforeseen circumstances. I realize that no guarantee, legal or ethical, can be made to me regarding the outcome of any procedure performed. Subject to my directions above, I hereby authorize the use of anesthetics and other medications, as well as any such additional treatment, as deemed necessary by the veterinarian. I understand that hospital personnel will be employed in treating my pet. I have carefully read, and fully understand, this consent. The fees associated with these services have been explained to me, and I agree to pay such fees in full at the time my pet is released from the hospital.

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_