

Ceres Veterinary Clinic
(209) 538-1911
Dental Cleaning and Periodontal Treatment

Contact Name & Number:

Pet's Name: **Species:** **Sex:**

Owner Responsibility:

- * I agree to make myself available by telephone during the approximate time interval of 9:00 am to 3:00 pm
- * Home care instructions will be provided at the time of discharged. I understand that home care administered by myself or a designated caretaker may be required to achieve best overall success.
- *I understand that payment for services rendered will be due in full at the time of your pet's discharge.

Dental Radiographs: The doctor requires radiographs in order to better evaluate your pet's oral health. Much of the tooth lies below the gum line and radiographs aid the doctor in determining the health and structure of the teeth. In a majority of cases, radiographs can confirm the necessity for extraction of a tooth that may be loose, damaged or severely diseased.

Extractions: It can be difficult to predict if teeth need extraction when an animal is awake because tartar and movement interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infection for other organ systems (liver, kidney, lungs, and heart). During the dental cleaning, the teeth are evaluated, and if found to be diseased they require an extraction or referral to a dental specialist for repair. The cost of extractions varies depending on the amount of time taken and the difficulty of the extraction.

_____ I authorize **all** medically necessary extractions be performed.

_____ I authorize medically necessary extractions be performed up to the high total of my treatment plan.

_____ I prefer to be called before any extractions are performed. If I can not be reached, I authorize Ceres Veterinary Clinic to proceed with **all** necessary dental procedures.

_____ If I cannot be contacted by phone, I do **NOT** authorize any extractions to be performed. **I understand that if I decline any needed procedures at this time my pet may require an additional anesthetic procedure, at a significant additional cost, at a future date to pursue any additional problems.**

_____ I would be interested in pursuing specialized care such as doxirobe or a dental specialist at an additional cost.

Authorization: I have read and fully understand this dental consent form.

I authorize anesthesia and dentistry for my my pet, as described above. The nature and risks of this procedure have been explained to me. I understand that some risks always exist with anesthesia, dentistry, and/or surgery, and I am encouraged to discuss any concerns I have about those risks with the hospital's medical staff before the procedure is initiated. Additionally, I authorize Ceres Veterinary Clinic to perform any diagnostic or medical treatment as deemed necessary for any unforeseen medical or surgical complications if one should arise. While Ceres Veterinary Clinic provides the highest quality of anesthetic monitoring, dentistry, and surgical services, I completely understand the possibility of unforeseen complications that may occur during any associated anesthetic, dentistry, or surgical procedure. I fully acknowledge and understand these medical risks. I will hold harmless Ceres Veterinary Clinic, the veterinarians, or any hospital staff member liable for any complications that may or should arise in my pet's medical treatment and care. I understand that the hospital is not liable for any lost or damaged personal property (leashes, collars, etc.) that are left in the hospital.

Signature of Owner or Authorized Agent

Date