

**Sutherlin Veterinary Hospital**

702 West Central Ave

541-459-9577

Dr. Mary Herrera

**DENTAL CONSENT FORM**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that during the performance of the foregoing procedure unforeseen conditions may be revealed that necessitate an extension of the procedure other than those listed. Therefore, I consent to and authorize the performance of such procedure that is necessary in the exercise of the Veterinarian’s professional judgement. I authorize the use of appropriate anesthetics and medication. I understand that hospital support staff will be employed as deemed necessary by the Veterinarian. I have been advised as to the nature of the procedure and the risks involvedand realize that results cannot be guaranteed*.*

*I, the owner, agree to the statements above and give Sutherlin Veterinary Hospital permission to perform anesthesia or any other medical procedure listed below:*

**Procedure: Comprehensive Oral Health Assessment and Treatment**

**Additional Procedures to be performed today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Before putting your pet through anesthesia, the veterinarian will perform a physical examination. Many conditions including disorders of the liver, kidneys, or blood may be hidden risk factors which can be detected through blood screening. In addition, these results can serve as a reference should your pet become ill in the future. **IV catheters are included for all patients during anesthesia events**. This keeps your pet hydrated, regulates blood pressure, and is great to have in the case of an emergency.

**\_\_\_\_ Accept/Decline \_\_\_\_** Blood Chem & CBC (Required over 7 years old) (Under 7yo $79, Over 7yo $149)

**\_\_\_\_ Accept/Decline \_\_\_\_** Dental Radiographs Full Mouth (Recommended for all patients) ($65 full mouth)

**\_\_\_\_ Accept** Dental X-rays as needed (by law, x-rays will be performed with any extractions or problem teeth)

**\_\_\_\_ Accept/Decline \_\_\_\_** Oravet Dental Sealant (Recommended for all patients) (Home care $20, In house $35.00)

**\_\_\_\_ Accept/Decline \_\_\_\_** Pain Medication (Required for oral surgery)

**\_\_\_\_ FELV/FIV Test** (Feline Leukemia/Feline Aids) ($38.00)

**\_\_\_\_ Heartworm 4DX** (Canine Heartworm/Lyme/Ehrlichia) (Tick borne illness) ($35) **\_\_\_\_ Heartworm ONLY** ($20)

**\_\_\_\_ Microchip ($50) \_\_\_\_Nail Trim ($10.50) \_\_\_\_Ear Cleaning ($20)**

**Please vaccinate my animal for:**

**DHPP \_\_\_\_\_ LEPTO \_\_\_\_\_ Kennel Cough \_\_\_\_\_ Rabies \_\_\_\_\_ FVRCP \_\_\_\_\_ Leukemia \_\_\_\_\_**

*(Distemper & Rabies must be current. If you do not have proof, we will vaccinate your pet)*

**Flea Treatment-last dose applied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(If your pet presents to SVH with fleas and you have not treated within 30 days, flea treatment will be applied)*

Owner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are unable to reach you the veterinarian is required by law to make any treatment decisions for your pet that is medically necessary