

DENTAL CONSENT FORM



AMC OF GARNER
VETERINARY HOSPITAL
MODERN MEDICINE, LIKE FAMILY

905 Heather Park Drive 919-779-8887 amcofgarner.com

Date: ____/____/____

Procedure: _____

Doctor: _____

Admitted By: _____

What was the time of your pet's last meal? _____

Please list any medications your pet is currently taking and the time of the last dose:

Please read and initial the following:

Anesthesia is required for dental procedures. AMC of Garner will take every precaution to ensure a safe outcome. This will include pre-anesthetic examination, recent pre-anesthetic lab work (performed within the last 3 months) and individually tailored anesthetic protocols. Pre-anesthetic lab work includes an organ chemistry panel, complete blood count and electrolytes panel, and is required to undergo anesthesia. I understand that despite these precaution there is inherent risk with anesthesia which could lead to complications during or following the procedure.

All anesthetized patients receive fluids via an intravenous catheter during and sometimes following the procedure to maintain hydration and adequate blood pressure. Placement of the IV catheter involves shaving a small amount of fur on the patient's lower limb. Mild irritation at the catheter site can sometimes occur following the procedure.

Dental extractions may be necessary for the health of your pet. Your veterinarian will do their best to make you aware of potential extractions prior to the procedure. However, often times the full extent of dental disease is not evident until the dental calculus is removed and a full subgingival examination can be performed. Please check one of the following:

_____ I authorize extractions for my pet and the associated charges

_____ I do not authorize extractions for my pet and would like to be called prior to any extractions being performed. If I cannot be reached during the procedure, no extractions will be performed which may lead to recurrent dental problems in the future.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the staff at AMC of Garner Veterinary Hospital to perform the discussed procedures.

I understand the associated risks with anesthesia and that I am encouraged to discuss any concerns about the anesthesia or the procedure prior to drop off. My signature on this form indicates that any questions I have regarding these issues or the statements above have been answered to my satisfaction.

Signature of Owner/Agent

Printed Name

Date