



# DEERFIELD • ANIMAL • HOSPITAL

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## DENTAL CONSENT FORM

File #: \_\_\_\_\_ Date: \_\_\_\_\_  
Owners' name: \_\_\_\_\_ Pet's name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_ Color: \_\_\_\_\_

What is the best number to reach you today? \_\_\_\_\_

Is this a cell phone that can receive text messages? (Circle one) Yes or No

When notifying you that your pet is awake from surgery, do you prefer: (circle one) TEXT or CALL

I am the owner of the above-named pet or am responsible for it and have authority to execute this consent. I authorize the performance of the following procedure(s): **Grade \_\_\_\_ Dental**

### Extractions

I authorize any extractions that may be necessary, realizing the additional cost depends upon the severity of the dental disease, the size and location of the tooth or teeth needing extractions.

Please call first before extracting any teeth. If I am unavailable and/or do not answer/return the phone call within 5 minutes, if deemed medically necessary by your veterinarian, extractions will be performed, realizing the additional cost depends upon the severity of the dental disease, the size and location of the tooth or teeth needing extractions.

I authorize the use of such anesthetics, as you deem advisable in the performance of surgical, diagnostic or therapeutic procedures. I realize that the administration of any anesthetic agent carries a small but realistic possibility of side effects, which may include death.

I recognize the nature of the surgical procedure(s) being performed and realize that certain risks and complications may be involved. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

*Advances in anesthesia have made routine procedures relatively safe, with low rates of complications. However, occasional problems can occur due to pre-existing conditions regardless of age not evident during routine histories and physical examinations. To minimize problems, **we recommend that your pet be screened prior to surgery by means of pre-anesthetic blood work.***

Please check one:

Blood has previously been done – date: \_\_\_\_\_

I authorize the recommended pre-anesthetic blood work. (See estimate)

I decline the recommended pre-anesthetic blood work understanding that I agree to hold Deerfield Animal Hospital harmless, in the absence of negligence, in the event of anesthetic complications that might have been detected had such tests been performed.

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Surgeon: \_\_\_\_\_ Dr. Seen: \_\_\_\_\_ Billed: \_\_\_\_\_

SELECT ONE: **DNR** / **CPR**

**\*FOR DEERFIELD USE\***

**DEERFIELD ANIMAL HOSPITAL  
PERIOPERATIVE SURGICAL FORM**

**PATIENT:** \_\_\_\_\_ **FILE #:** \_\_\_\_\_ **PROCEDURE(S):** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Client's name:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Microchip #:** \_\_\_\_\_  
**Best number to call today:** \_\_\_\_\_

**WEIGHT:** \_\_\_\_\_ **LBS** \_\_\_\_\_ **KGS** \_\_\_\_\_ **TEMP:** \_\_\_\_\_

PRE-MEDICATION	MG/ML	DOSE	ROUTE	TIME	INITIALS

INDUCTION	MG/ML	DOSE	ROUTE	TIME	INITIALS

**IV CATH:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**FLUID TYPE:** \_\_\_\_\_ **START:** \_\_\_\_\_ **STOP:** \_\_\_\_\_

**E-TUBE:** \_\_\_\_\_ **O2 BAG:** \_\_\_\_\_

REVERSAL	MG/ML	DOSE	ROUTE	TIME	INITIALS

Emergency Drugs	MG/ML	DOSE	ROUTE	TIME	INITIALS
Atropine	0.5mg/ml				
Epinephrine	1mg/ml				

Add'l Procedures	Yes/No	Done
Pre-Op Bloodwork		
Nail Trim		
Dental Radiographs		
Microchip		
Dental		
Extract Deciduous Teeth		
Extractions approved		
Tumor Removal		
Biopsy to TVP		
Vaccines		
Express Anal Glands		
<i>Initials</i>		

**Meds to Rx:**

**POST- OP**

**RECOVERY:** \_\_\_\_\_ (SMOOTH, ROUGH, ETC...)

**STERNAL:** \_\_\_\_\_

**CALLED OWNER:** \_\_\_\_\_



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

Surgeon: \_\_\_\_\_ Dr. Seen: \_\_\_\_ Billed: \_\_\_\_

SELECT ONE: **DNR** / **CPR**

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Patient Name:

Date:

### History:

1. Verify vaccine and HW preventative status is current.
2. Verify if the pet has a microchip.  Microchip: <id> Registered? Yes or No
3. Verify procedure dental being performed:
4. Confirm record: Does it have additional plan highlighted "to be done with ..." (i.e. bloodwork, ear cleaning, etc.) Yes or No If yes, what additional procedures: \_\_\_\_\_
5. Any history of seizures? Yes or No
6. Any history of kidney disease, recent pancreatitis, diabetes? Yes or No List \_\_\_\_\_
  - a. If yes, notify client the doctor may call to discuss any needed changes to our routine protocol.
7. Is the patient taking any meds (this past week) other than HW and flea prevention? (Esp. aspirin, prednisone, etc.) Please list and also show to doctor doing SX: \_\_\_\_\_
8. Last time meds given: \_\_\_\_\_
9. If pet will stay overnight (bone sx, declaw, etc.): Does your pet have a special diet or any meds to take while they are here with us? Did you bring them with you? Yes or No
10. When is the last time your pet ate? \_\_\_:\_\_\_ am/pm
11. When was the last time your pet drank? \_\_\_:\_\_\_ am/pm

### Exam:

1. Does the pet have any baby teeth? Yes or No
  - a. If yes, advise owner: removal might be recommended, cost is approx. \$32 per tooth.
  - b. Permission to pull if Dr. recommends. Yes or No Please call first
2. If any extractions are necessary, does the client authorize us to proceed? Yes or No
  - a. Or would they like to be called first at the number above? Yes or No **Our doctors only extract what is necessary but some teeth are more expensive than others to extract!**
3. If additional procedure is a cyst or mass removal, confirm exact location of each one. **If difficult to locate, be sure to mark with a sharpie or nail polish.**

### Consent form:

Confirm with owner the procedures elected are on the form. Go over the form, making sure owner leaves a "good" phone number for this morning/early afternoon.

### Final points:

Ask if any other questions/concerns. Owner will be called as animal is waking up, usually before noon but sometimes a bit later. Thank owner for coming, "we will take good care of him/her!"

TECH Initials \_\_\_\_\_