



Dental Consent Form

Pet's Name _____ Breed _____ Age _____ Sex _____

I do hereby certify that I am the owner/guardian/agent of the pet described above and have full authority to execute this consent. I certify that my pet has not eaten in the last 8-12 hours as recommended. I give my full authorization and consent to have the veterinarians of Hilton Head Veterinary Clinics perform a dental cleaning procedure on my pet. I also understand that my pet may have loose, decaying, diseased, damaged, or non-functional teeth that I am not currently aware of and authorize the doctor to extract such teeth during my pet's dental procedure. I understand that there are additional charges for such extractions as well as for antibiotics prescribed to my pet due to such extractions.

Procedure(s) _____

Pre-Surgical Bloodwork: Your pet's risk of complications during and after anesthesia and surgery is tremendously greater if there is preexisting organ disease, malfunction, or failure. We strongly recommend bloodwork before anesthesia and surgery to help rule out these problems or identify them and devise an alternative treatment plan to meet your pet's unique needs. Although optional, these blood panels provide immensely valuable information.

Pets under 5 years of age: We perform a blood chemistry profile that assesses liver values, kidney values, blood glucose, and blood proteins. \$81.00

Pets over 5 years of age: We perform a COMPREHENSIVE blood chemistry profile that assesses liver values, kidney values, blood glucose, blood proteins, calcium, phosphorous, cholesterol, and more. \$119.75

_____ YES I DO _____ NO I DO NOT want to have pre-surgical bloodwork performed as recommended.

Post-Surgical Pain Management: The anesthetic protocol chosen by our doctors provides relief from pain during and up to 4-6 hours after surgery. For this reason, your pet should be comfortable, although possibly a little drowsy, upon discharge. However, we recommend an additional injection after your pet wakes up from anesthesia that lasts for 24 hours and PROVIDES RELIEF FROM BOTH PAIN and INFLAMMATION (redness, heat, and swelling at the incision site). This injection is only necessary if extractions are performed, as a routine dental is not a painful procedure. \$39.00

_____ YES I DO _____ NO I DO NOT want my pet to have a pain management injection if extractions are performed.

OraVet Plaque Reduction Gel is a dental sealant that significantly reduces plaque and tartar formation by creating an invisible barrier that helps prevent bacteria from attaching to your pet's teeth. Simply apply the gel to your pet's teeth and gumline once weekly to maintain the barrier established today and help prevent bad breath and gum disease. This product will not eliminate the need for dental cleanings but will extend the period of time between cleanings when used weekly as part of a home dental care program. Your take-home kit will contain a 2-6 month supply.

_____ YES I DO _____ NO I DO NOT want OraVet applied today (\$30) and a take home kit (\$44).

_____ YES I DO _____ NO I DO NOT want to receive a phone call after the procedure is completed.

I authorize the doctors and supporting staff of Hilton Head Veterinary Clinics to perform services, diagnostic procedures, and treatments deemed as necessary to improve my pet's quality of life and provide quality veterinary care. I authorize the use of all anesthetic agents, sedatives, tranquilizers, and other medications and supportive care before, during, and after my pet's procedure deemed as necessary by my pet's attending veterinarian. I understand that hospital support personnel will be employed as deemed necessary by the attending veterinarian. I have been advised of the risks and possible complications of my pet's procedure and that results and/or expected outcome cannot be guaranteed. If for any reason an emergency situation arises with my pet, the doctors and supporting staff of Hilton Head Veterinary Clinics have my full permission to provide medically necessary treatment, and I agree to assume full financial liability for any and all expenses incurred. I understand that payment is due at the time of service and that I am fully financially responsible for any and all services rendered. Should I not pay the balance in full, I agree to pay interest on the remaining balance in the amount of 18% interest per annum. I also agree to pay for all expenses incurred to collect the debt including, but not limited to, attorney fees, collection agency fees, and billing fees.

Signature of Owner/Guardian/Agent

Date

Daytime Phone Number