

Dental Consent

Owner / Agent _____
Patient Name _____

PIPER HERITAGE VETERINARY CLINIC
3140 N. 99TH Street
Kansas City, KS 66109
(913) 299-0010

Dr. Corbin Hodges
Dr. Richard D. Smith
Dr. Jeremiah Nilges

DENTAL and ANESTHETIC PROCEDURE CONSENT

Our concern is for the safety, health and comfort of your pet. It is important that we assess the complete health status of your pet before undergoing anesthesia and surgical procedures. We will perform a physical exam and we recommend a complete blood profile for all patients. For patients over 10 years of age a blood profile is required unless already completed in the past 30 days.

Once your pet's teeth have been cleaned it may be necessary to take x-rays of questionable teeth to determine if they can be saved. The decision to extract teeth is based on probing under the gum line and x-rays. Therefore the decision must be made during the procedure. The cost of x-rays is \$15.00 per x-ray with a minimum of two views. Extractions cost \$10.00 per tooth for a simple extraction and up to \$50.00 per tooth for complex extractions. If significant extractions are necessary additional analgesic and antibiotic medicines may also be needed. **Please understand x-rays help us to save teeth and only painful, diseased teeth will ever be extracted.**

If your pet is under 10 years of age:

- Yes, I request Pre Anesthetic Blood Tests (cost is \$105.00)
- No, I decline and understand the potential risks.

For patients over 10 years the blood tests are required at a cost of \$105.00

Please provide the following information:

Medications currently taking: _____ Last dose taken: _____

Are you aware of any adverse or allergic reactions that your pet has had in the past to medications or anesthetics?

Date of last vaccinations: Rabies _____ Distemper _____ Bordetella _____ FeLv/FIV Test _____

When did your pet last eat? _____

Has your pet been feeling/acting normal this past week? _____ Eating well? _____

Has there been any recent vomiting/diarrhea/coughing/sneezing? _____

Would you like your pet to have a Micro Chip placed while under sedation (\$40.00) _____

Any other services while under anesthesia? _____

Would you like your dog to have a 6 month ProHeart6 injection (Heartworm protection)? _____

As the owner of the pet described above I hereby give Piper Heritage Veterinary Clinic, its Doctors and staff consent and authority to perform comprehensive and oral health assessment including exam, cleaning and polishing, x-rays and extractions as deemed necessary by the veterinarian. The nature of these operations and procedures have been explained to me and I understand what will be done. I have been informed that there are certain risks and potential complications with any procedure of this type. I authorize the use of the appropriate anesthesia and analgesics for pain relief before, during and after the procedure.

Signature of Owner or Agent for Owner

Date

Daytime phone number

Receptionist

Do you prefer to receive a text message following surgery/procedure: () YES () NO

Phone number to text: () _____