



VETERINARY MEDICAL CENTER
OF HARDEEVILLE

Dental Consent Form

Owner's Name: _____ Contact Number: _____

Pet's Name: _____ Emergency Number: _____

Procedure your pet is being admitted for: _____

When did your pet last have anything to eat? _____

When did your pet last have anything to drink? _____

Does your pet have a history of seizures? _____ If yes, date. _____

Does your pet have any allergies? _____ If yes, please list. _____

What medications is your pet currently taking outside of heartworm prevention? _____

Anesthetic Dental Procedures: Every Anesthetic procedure will include a comprehensive blood screen, IV catheter and anesthetic monitoring to ensure the utmost safety of your pet during all surgical procedures.

Your Pet is being admitted for a comprehensive oral health assessment and treatment. Sometimes with dental disease, problems that are present may not be revealed until a thorough exam under general anesthesia is performed. Since it is difficult to predict the extent of the disease process on a visual exam, variations in cost will occur.

Please initial the following that applies

_____ Have the doctor proceed with all procedures, including unforeseen tooth extractions as determined by the attending doctor.

_____ Call me if any additional work, including unforeseen tooth extraction(s) is needed. I understand that if I cannot be reached, no non-urgent additional work will be performed and may have to be completed at a later date.

_____ I do not authorize any additional work.

*** If the nature of the procedure is deemed an urgent threat to health by the attending doctor, a decision may have to be made and additional work performed without prior notification. This will increase the total cost.

Your pet may require cardiopulmonary resuscitation (CPR), including cardiac compressions, positive pressure respiration, emergency medications, or other interventions, If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival. I agree to pay CPR fees in addition to other fees already identified by the practice and agreed upon. Please choose the following:

_____ I give my permission for life sustaining procedures – CPR (cardiopulmonary resuscitation)

_____ I do not give permission for life sustain procedures - DNR (do not resuscitate)

Signature: _____ Date: _____