**Consent for Dental Care**

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| --- | --- | --- | --- |
| Client’s Name: |  | Pet’s Name: |  |

I, the undersigned owner, or the owner's authorized agent, of the above pet certify that I have been informed that my pet is in need of preventive or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff veterinarians at this facility. These procedures require general anesthesia and can include but are not limited to the following: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions.

Franklin Veterinary Associates recommends that a pre-anesthetic blood profile be performed to maximize patient safety and to alert the doctor to any medical conditions which could complicate the procedure. **Bloodwork is required prior to anesthesia for all patients 7 years or older.**

**PreSurgical Bloodwork: Option 1:** 5 chemistry screenings (liver and kidneys) and a Complete Blood count (CBC) **$65.50**

**PreSurgical Bloodwork:Option 2:** Complete Wellness Profile: 17 chemisrty screenings, CBC, Thyroid level and Electrolytes. **$112**

**PreSurgical EKG:** Electrocardiogram to assess heart rate and rhythm. **$29.00**

**I refuse the recommended services. I understand if my pet is 7 years or older, I am going against standard of care and medical advice.**

**I understand that during a dental cleaning my pet's teeth and gums will be evaluated. Dental extractions may be indicated for reasons including but not limited to: exposed roots, infection, cracks, fractures, loose or painful teeth, etc. Furthermore,**

**I authorize Franklin Vet Associates to perform necessary extractions at the discretion of the attending doctor.**

Current medications:

Were you able to give the medication this morning?  Yes  No. If unable to give the medication without food we will give an antibiotic injection.

If your pet's vaccines are Not up to date, would you like us to vaccinate, if possible?  Yes  No

I understand that during anesthesia and the procedure, emergency or unforeseen conditions may make it necessary for the doctor to perform additional or different procedures that are in my pet's best interest. I therefore authorize those emergency procedures until I can be contacted.I also understand that I will assume full financial responsibility for this pet and that payment is expected when services are rendered. By signing I agree that I have read and fully understand everything on this document.

Sign in to computer at Checkin:

**Phone numbers where I may be reached today in case of emergency:**