



# Dental Scaling and Polishing Consent Form

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[www.ruxtonanimalhospital.com](http://www.ruxtonanimalhospital.com)

Owner/Authorized Agent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Species:  Dog  Cat Age: \_\_\_\_\_ Weight: \_\_\_\_\_

\*\*\*\*\*

## HISTORY

Last feeding:	AM / PM	What did they eat?:	How much?:
Have you observed any of the following: <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing If applicable, describe your selection above or list any other concerns you would like addressed during this visit:			
What medications/supplements is your pet currently on, if any?:			
Will you be needing any medication refills or parasite prevention today?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what do you need?			

## For Diabetic Patients ONLY

When was their last dose of insulin?: \_\_\_\_\_ How much insulin was given?: \_\_\_\_\_

## ADDITIONAL CARE *(charges may apply)*

- Treating an extraction site with laser therapy immediately following the dental procedure can help alleviate inflammation and promote healing. Would you be interested in adding Post-Operative Laser Therapy to your pet's treatment plan today?:  Yes  No

Would you like your pet microchipped while under sedation?:  Yes  No  Not Applicable

Are there any of the following services you would like added to today's visit?:

- Nail Trim  Anal Sac Expression  Sanitary Clip
- Nail Trim w/ Dremel  Ear Cleaning  None

**\*\*NOTE\*\*** For the protection of your pet and other pets in the clinic, we require all drop off patients to be free and clear of fleas, ticks, and/or ear mites. If any of these parasites are discovered on your pet upon examination, treatment and preventative measures will be administered at the owner's expense.

## CONSENT & ACKNOWLEDGEMENT

I, the undersigned, certify that I am the legal owner or authorized agent of the above stated animal, and consent to the dental prophylaxis of this pet to be performed by the veterinarians and staff of Ruxton Animal Hospital. I have been advised of the nature of this procedure and have discussed my concerns with the veterinary staff prior to the treatment being initiated.

...CONTINUED ON REVERSE SIDE

I understand that during dental procedures, teeth may fall out or need to be removed. I will need to provide authorization should extraction(s) be medically recommended for my pet's continued health and am aware that the total cost of oral surgery is in addition to the dental prophylaxis. Charges vary depending on which teeth need to be pulled, the number of teeth and severity of decay.

To help guide the Ruxton Animal Hospital Team on how to navigate unexpected findings in my pet's mouth (such as, extractions, oral masses, etc;) while under anesthesia, I would like the following steps to be taken as indicated below.

- I authorize the attending veterinarian to proceed with any and all medically necessary treatment/procedures while my pet is under anesthesia, including unforeseen tooth extraction(s) and do not need to be contacted.
  
- I authorize the attending veterinarian to proceed with treatment/procedures while my pet is under anesthesia up to \$\_\_\_\_\_ over my initial estimate.
  
- Please contact me prior to performing any treatment/procedures. By choosing this option I fully understand that my pet will be under anesthesia and accept responsibility for increased medical risk and/or costs associated. If I cannot be reached, any medically recommended work will not be performed and will need to be completed at a later date, requiring a secondary anesthetic event at an additional cost..

I acknowledge that as with any anesthetic episode, there is always some risk associated, even in apparently healthy animals. Should my pet require critical intervention, I permit the attending veterinarian(s) at Ruxton Animal Hospital to proceed as indicated below.

Please, select and initial **ONLY ONE** of the following:

- CPR (Cardiopulmonary Resuscitation)** - Perform any and all procedures/treatments necessary to resuscitate. Steps include basic CPR, drug therapy, up to surgical intervention. I will be responsible for any charges accrued as a result of resuscitative procedures. I understand that despite the best efforts of the Ruxton Animal Hospital staff and veterinarian(s), CPR does not guarantee survival and that if my pet's life is successfully restored, they may not regain normal mental and physical health. \_\_\_\_\_ <- INITIAL
  
- DNR (Do Not Resuscitate)** - Do not perform any procedures/treatments to resuscitate the above named pet in the event of cardiac arrest. In cases of *pulmonary* arrest the attending veterinarian will have the discretion to attempt to establish a functional airway. I understand that every attempt will be made to contact me or the authorized agent for further instruction and accept that if the aforementioned parties are unreachable, permission is granted to the veterinarian to humanely euthanize my pet to prevent further suffering. \_\_\_\_\_ <- INITIAL

In case of an emergency, if I am unable to be reached at the above listed points of contact please call:

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I am aware that Ruxton Animal Hospital does not provide 24 hour supervision. If intensive overnight care is required, I may be referred to an emergency clinic or can arrange to have my pet transferred to a 24 hour facility of my choice. I agree that I, or an authorized agent, will pick up my pet during practice hours. In the event pick up occurs after business close, an after hours fee will be applied to my invoice.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The safety and comfort of your pet is our primary concern!  
♥ Thank you for entrusting your pet to our care ♥