

**Dental Consent Form
With or Without Extractions**



Red Rocks Animal Center
620 Miller Ct, Lakewood, CO 80215
Phone: 303-987-2026

Owner's Name (Print First & Last): _____

Animal's Name: _____

Breed: _____ **Species:** _____ **Sex:** _____ **Age:** _____

Welcome to Red Rocks Animal Center. It is our sincere desire for our veterinarians and staff to provide your pet with the best possible care. A well-informed pet owner is best prepared to make decisions that will be most beneficial to their pet's health. Please read the following information and before you initial each section below and sign your consent, have all of your questions answered completely to your satisfaction.

ALTERNATIVES: Please note that without treatment or surgery, your pet's oral condition will probably worsen in time and the risks to your health may include, but not limited to: pain, swelling, infection, periodontal disease, dental decay, malocclusion, jaw fracture, loss of teeth and/or bone, and root resorption. In some cases, root canal treatment may be an alternative to tooth extraction, and if it is possible, this alternative has been explained to you.

OWNER'S INITIALS: _____

PRICES:

- Cleaning only, includes anesthesia, scaling, polishing and dental x-rays \$195.
- Cleaning with extractions, includes anesthesia, scaling, polishing, antibiotics & dental x-rays \$295-\$565.

IMPORTANT: During the dental procedure, the Doctor might indicate that extractions are needed. If extractions are needed, extractions will be performed in the best interest of the animal's health while it is under anesthesia.

OWNER'S INITIALS: _____

RISKS: Like any form of treatment, dental extractions have inherent alternatives and risks that were discussed with you in your consultation. The risks are usually not great enough to rule out treatment but must always be taken into consideration when deciding on any form of treatment or procedure. Risks may include, but are not limited to the following:

- Heavy or prolonged bleeding may occur, which can usually be controlled at home.
- There may be swelling and discomfort, which may take several days of recuperation at home.
- Damage could occur to adjacent teeth or other dental work.
- In extractions, a small piece of tooth may be left behind if its removal could cause problems or require extensive surgery.
- An opening to the sinus usually closes by itself by following given instructions, but may require additional treatment.
- The hole where the tooth was removed fills in with a blood clot that protects the area and turns to healing tissue. Sometimes after 3 or 4 days the clot may dislodge or disintegrate. Your pet may experience some discomfort around the ear and side of the face. If this happens, additional treatment may be needed.
- Tingling or numbness may occur due to loss of function of the nerve on the affected side. It may take weeks or months for the nerve to return to normal function, however in some cases the nerve damage can be permanent.
- Your pet's ability to open its mouth may be restricted for several days.
- There may be pain, dysfunction, or noise of the jaw, which could require additional treatment.

OWNER'S INITIALS: _____

ANESTHESIA:

- Your pet must not eat any food for 12 hours prior to the appointment.
- Use of anesthesia has inherent risks, including the risk of bodily injury. During recovery, your pet may soil itself by urinating or defecating. In addition, there may be soreness or inflammation at the site where anesthetic was injected. Unfavorable or allergic reaction may also occur.

OWNER'S INITIALS: _____

ADDITIONAL TREATMENT:

- If any unforeseen condition should arise during the procedure requiring additional procedure(s), I authorize the attending veterinarian to do whatever is advisable and agree to pay for the cost of any emergency complications that may arise. Non-emergency complications will be discussed and approved by me in advance.

OWNER'S INITIALS: _____

I am aware of and accept the risks involved with the procedure and understand that there is no guarantee of the success.

I am aware that the Doctor performing the dental procedure is not a Board Certified Dentist and that I have the option to receive a referral to a Board Certified Dentist.

I have read, discussed, & understand the above and give my consent to the Doctors & staff of Red Rocks Animal Center for today's dental procedure.

Owner's Signature _____ **Date** _____