

**Animal Medical Center
4012 S. Santa Fe
Chanute, KS 66720
Dental Consent Form**

OWNER: _____ PET NAME: _____

Your pet is scheduled for a dental procedure requiring the use of anesthesia. We, like you, consider your pet's well-being our highest priority. A dental procedure includes a thorough exam of the mouth, scaling and ultrasonic cleaning to remove tartar, and polishing to remove residual plaque and to smooth the tooth surface. Full mouth dental x-rays of the teeth and jaw bone are required to fully examine the mouth and teeth. If periodontal disease, tooth resorption, fractures, or mobile teeth are present, the diseased teeth need to be removed. Untreated periodontal disease can lead to a variety of health problems such as poor control of diabetes; heart, liver, or kidney disease; and worsening dental disease. Over time, diseased teeth can abscess leading to brain disease and death, can dissolve leaving roots behind which can abscess, can lead to a hole from the oral cavity into the nasal passages, can cause fractures of the jaw, and can cause bone infection.

Risks associated with dental procedures include jaw fractures, oronasal fistulas that do not heal, bleeding from the mouth, and anesthesia complications.

Pain medication will be prescribed as needed, and will always be given if teeth are removed. Antibiotics may also be needed depending on the severity of dental disease. Dental nerve blocks will be performed if oral surgery is done to remove teeth. IV fluids may be given to help support overall health. The cost of these medications and procedures are in addition to the estimated cost of the dental and anesthesia.

_____ I AGREE to proceed with the dental procedure and removing teeth as necessary.

_____ I agree to the dental, BUT wish to be called or notified before any teeth are removed. If not able to be reached, I agree to allow you to proceed to remove teeth.

Signature of owner

Date