

Lee's Summit Animal Hospital Patient Consent Form Dentistry

Last Name
Pet Name

Doctor Preference _____

Breed: **Sex:** **Age:** **Weight:** _____

Periodontal disease begins when bacteria in the mouth form a substance called plaque that sticks to the surface of the teeth. Subsequently, minerals in the saliva harden the plaque into dental calculus (tartar), which is firmly attached to the teeth. Tartar above the gum line is obvious to many owners, but is not of itself the cause of disease. There is a wide range in the appearance and severity of periodontal disease, which often cannot be properly evaluated or treated without general anesthesia. Effects within the oral cavity include damage to or loss of gum tissue and bone around the teeth, development of a hole (fistula) from the oral cavity into the nasal passages causing nasal discharge, fractures of the jaw following weakening of the jaw bone, and bone infection (osteomyelitis). Studies in dogs have shown that periodontal disease is associated with microscopic changes in the heart, liver and kidneys.

Additional Treatment

We may identify additional problems during the dental procedure that could not be identified beforehand, such as broken or abscessed teeth, bone loss, deep pocketing, etc. These problems are best dealt with while your pet is under anesthesia.

Please indicate how you would like for us to proceed if extractions or additional dental procedures are warranted:

- I **authorize** the veterinarian to proceed with any necessary treatment for my pet, regardless of cost.
- I **authorize** the veterinarian to proceed with any necessary treatment for my pet up to \$ _____.
I understand I will not be contacted unless the total cost of services exceeds this amount.
- I **do not authorize** the veterinarian to proceed with additional treatment without my consent. I understand if I am unable to be reached by phone, my pet will be recovered from anesthesia and an additional anesthetic procedure will be needed to correct the problem, which will be at an additional cost.

Please speak with a Lee's Summit Animal Hospital staff member if you have questions regarding additional dental procedures.

I have read and understand the information printed above.

Signature: _____ Date: _____ Contact Number: _____

Alternate Number: _____

