

# Mercer Island Veterinary Clinic Dentistry Consent

Client Name \_\_\_\_\_

Patient Name \_\_\_\_\_

**Today we will provide Comprehensive Oral Health Assessment and Treatment (COHAT). This includes:**

- Pre-anesthetic blood testing (if not already done)
- IV Catheter placement and IV fluid therapy before, during and after the procedure
- Pre-anesthetic medications and general anesthesia
- Patient monitoring by a dedicated technician and equipment (ECG, SpO2, HR, RR, BP, ETCO2, Temp)
- Digital radiographs of the entire mouth
- Assessment including exam, probing and charting for 360 degrees of every tooth and all oral structures
- Ultrasonic cleaning above and below the gums, confirmed clean with disclosing solution
- Polishing, fluoride application and dental sealants if appropriate
- Hospitalization for the day for anesthetic recovery and observation

**Radiographs: Why will we xray your pet today?**

Only 1/3 of each tooth is visible above the gumline. The rest of every tooth is hidden from view, as well as the periodontal structures and jawbone. X-rays show these hidden structures and in some cases show teeth that are injured, damaged or unhealthy and require treatment or extraction. If significant findings are seen on x-rays, additional treatment will be recommended to restore oral health. We do everything we can to save teeth, but in some cases teeth must be extracted.

**TREATMENT PLANNING**

- Please call me with an updated treatment plan before performing additional treatments today.**  
I WILL BE AVAILABLE BY PHONE AT ALL TIMES to discuss my pet's condition and consent to treatment.  
*or*
- I give advance consent for necessary and recommended treatment.**  
No updated treatment plan is necessary.

\_\_\_\_\_ *I understand additional costs are associated with treatments not included in the COHAT package as listed.*  
*initials Examples may include extractions, periodontal therapies, oral surgery, root canal, restoration, etc.*

**CONSENT TO TREATMENT:** I certify I am the owner, or authorized agent of the owner, of the pet named above. I have been informed about the nature of my pet's COHAT today and give my full and informed consent for the recommended procedure(s). I understand this procedure requires general anesthesia and there is always some risk associated with anesthesia. I have discussed my concerns with a technician or veterinarian and understand that sometimes additional medical or surgical treatments may be necessary for my pet which were not originally anticipated. I give consent for my pet to have anesthesia and treatment(s) as recommend by the veterinarian today.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary contact \_\_\_\_\_ Phone today \_\_\_\_\_

Second contact \_\_\_\_\_ Phone today \_\_\_\_\_