

## Cherry Knolls Veterinary Clinic DENTAL CLEANING and ORAL ASSESSMENT CONSENT FORM

**Please note: All pets entering Cherry Knolls Veterinary Clinic (referred also as “CKVC, LLC” or “CKVC”) must be current on recommended vaccinations and free of external parasites. If your pet has not been a patient previously at our clinic, failure to provide documented proof of vaccination history may result in your pet being vaccinated. If external parasites are found on your pet during hospitalization, they will be treated at the owner’s expense.**

Pet’s Name: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_

*Please read and initial ALL of the following:*

\_\_\_\_\_ I understand that the practice of veterinary dentistry is not an exact science and that guarantees as to outcome are not possible. The dental procedure and treatment options have been explained to my satisfaction and I give my informed consent to carry out the dental procedure and treatments.

\_\_\_\_\_ I understand that the ultimate success of the proposed dental treatment may depend on adequate home-care and follow-up, and I acknowledge my responsibility in this regard. This is particularly so with the management of periodontal disease.

\_\_\_\_\_ I understand that, although rare, complications can occur while performing a dental procedure and treatments to my pet. I acknowledge and understand that complications arising from my pet’s dental procedure and treatments could include, but are not limited to, infections, broken jaw, and allergic reactions to medications. All precautions will be taken to minimize such complications.

\_\_\_\_\_ I understand that cleaning my pet’s teeth is a surgical dental procedure and does require general anesthesia, and could potentially involve risks and complications for my pet. I acknowledge and understand that the risks and complications arising from general anesthesia could include, but are not limited to, cardiac arrest, and death. All precautions will be taken to minimize such risks and complications.

\_\_\_\_\_ In the unlikely event of an anesthetic complication, I authorize CKVC to carry out such procedures and treatments deemed appropriate. I realize that I will be responsible for charges associated with such procedures and treatments.

\_\_\_\_\_ I give CKVC permission to photograph my pet for the purpose of documenting the treatment and I understand that the photographs may be used for educational purposes. Confidentiality is assured.

\_\_\_\_\_ I certify, as instructed to me by the treating veterinarian or CKVC staff, that my pet has not had anything to eat after 8pm the day before surgery (minimum 12 hours prior to surgery/drop off at the clinic). Or, if not (if I am unsure whether my pet ate anything on the day of surgery), I accept all responsibility for assuming the increased potential for risk of complications that may arise from my pet’s aspiration (inhalation of regurgitated stomach contents) while under sedation, anesthesia, or recovery from anesthesia.

\_\_\_\_\_ I understand that pre-anesthetic bloodwork is required and additional tests may be recommended for my pet. If pre-anesthetic bloodwork/tests have not already been completed, I understand they will be performed prior to anesthetizing my pet on the day of admission for the dental procedure and treatments.

Pre-operative tests as recommended by the treating veterinarian have already been performed.

Pre-operative test as recommended by the treating veterinarian have NOT yet been performed and will be performed today prior to the anesthetic procedure.

\_\_\_\_\_ The treating veterinarian or CKVC staff has informed me of the risks and benefits associated with the dental procedure and treatments to be performed on my pet. I understand that there are known and unknown risks associated with a dental procedure and treatments. Hereby, I expressly agree to release Cherry Knolls Veterinary Clinic, LLC, and its agents and its representatives, from liability for any and all damages to my pet and agree to hold CKVC, LLC, its agents and representatives harmless from any all liability (except in the case of gross negligence) associated with the dental procedure and treatments being performed on my pet.

\_\_\_\_\_ I agree to pick up my pet from CKVC at the time discussed with the treating veterinarian or CKVC staff unless prior arrangements have been made (such as boarding). I understand that failure to retrieve my pet may be considered abandonment. If my pet is abandoned, I understand that my obligation to CKVC, for full complete payment of all medical care, boarding, and related fees shall remain my responsibility, regardless of the outcome of the dental procedure and treatments.

\_\_\_\_\_ I understand that payment in full is due upon completion of the dental procedure and treatments. No exceptions can be made unless previously discussed with Meghan Shannon, DVM (owner of CKVC, LLC). In the event that my pet’s health insurance does not provided payment to the clinic, I agree to assume full responsibility for payment.

Pet's Name: \_\_\_\_\_

Owner's Name \_\_\_\_\_

\_\_\_\_\_ I understand that the estimate given is only an estimate and is based on a pre-anesthetic examination. I understand that certain problems related to my pet's teeth and gums cannot be identified until my pet has been anesthetized and a more thorough oral examination of my pet's mouth has been performed. New information which comes to light during the more detailed oral examination could include, but are not limited to, resorptive lesions, cavities, broken/loose teeth, abscessed teeth, and this may make the estimate invalid. In the event that additional procedures are required that are not outlined on the original estimate given:

*Please read and initial ONE of the following:*

\_\_\_\_\_ I authorize testing and treatments as outlined on the estimate given and place no limit on additional charges/services carried out at the veterinarian's discretion.

\_\_\_\_\_ I authorize testing and treatments as outlined on the estimate given and approve charges up to an additional \$\_\_\_\_\_.

\_\_\_\_\_ Please call me with a revised estimate before performing any additional testing and treatments not outlined on the estimate given. If I cannot be reached, I authorize additional testing and treatments deemed appropriate by the veterinarian.

\_\_\_\_\_ Please call me with a revised estimate before performing any additional testing and treatments not outlined on the estimate given. I understand that if I cannot be reached, my pet will receive NO additional testing and treatments other than those outlined on the original estimate.

*Please read and sign the following:*

As evidenced by my signature: I certify that I have read all the above statements (on pages 1 and 2) prior to placing my initials alongside each statement. I have reviewed the above material and I am comfortable with allowing my pet to stay at Cherry Knolls Veterinary Clinic, LLC for the dental procedure and treatments. I have been informed by the treating veterinarian or CKVC staff, of the risks and benefits related to the dental procedure and treatments to be performed on my pet. All my questions have been answered to my satisfaction and I fully understand the dental procedure and treatments to be performed on my pet. As the owner or agent of \_\_\_\_\_ (patient), I hereby give my consent to Cherry Knolls Veterinary Clinic, LLC to perform the above said dental procedure and treatments.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

Please leave the name and at least two telephone numbers of the primary person that can be reached today regarding the care of your pet.

**Primary Contact Name:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Second Phone Number:** \_\_\_\_\_

**Third Phone Number:** \_\_\_\_\_