

Mountain View Veterinary Services
20 Park Place, Suite 1, Shippensburg, PA 17257
Dental Prophylaxis and Oral Surgery Consent

Client Name: _____ Patient Name: _____ Date: _____

Pre-Surgical Exam

All of our surgical patients will receive a full physical examination. Although many advances have been made, anesthesia does still carry some risks. During the procedure your pet's blood oxygen level, blood pressure, heart rate and rhythm, respiration and temperature will be monitored. The anesthetic drugs we use are primarily eliminated by the kidney and liver. We require blood screening to help identify pre-existing conditions that could lead to complications with anesthesia or healing. I permit today's surgeon to perform the following pre-surgical blood screening:

Prep Profile/CBC:** Evaluates basic kidney and liver functions, red and white blood cell levels and platelet count.

☐ **Dogs <7yrs** (\$71)

☐ **Cats < 7yrs** (\$95)

Comprehensive Profile/CBC:** Evaluates kidney, liver and pancreatic functions as well as red and white blood cell levels and platelet count.

☐ **Dogs >8yrs** (\$133)

☐ **Cats > 8yrs** (\$181)

A ProBNP is included for cats. This test identifies a heart muscle specific protein that indicates underlying heart disease

☐ ***My pet's blood screening was completed in the last 3 months.***

Vaccines: Our clinic policy requires patients to be up to date on Rabies vaccination before we can perform surgery. If the Rabies vaccine is not current the patient will be vaccinated the day of surgery and you will be charged accordingly. Additionally we recommend your pet be up to date on Distemper vaccine

☐ My pet is current ☐ My pet needs: Rabies: _____ DAP(dog): _____ FVRCP(cat): _____

Consent to Perform Oral Surgery:

All dental procedures include a complete oral and intraoral radiographs. Each tooth is evaluated for enamel defects, crown fractures, root exposure, periodontal probe depth and gingival recession. Dogs and cats rarely get cavities, instead they form tooth root abscesses which eventually decay the bone and cause loss of the tooth. The infected tooth causes pain and allows bacteria to enter the blood stream where it can affect internal organs (ie: kidney, liver and heart) Oral surgery is performed at the rate of \$175.00/hr. If we find that your pet needs dental extractions or further oral surgery while your pet is under anesthesia, how would you like us to proceed?

_____ Do whatever is needed to give my pet a healthy oral cavity. I understand that this may go above the treatment plan I was provided.

_____ Please contact me at the number on the front of this form before doing any additional procedures. If I cannot be reached by phone while my pet is under anesthesia then....

_____ Perform any necessary procedures up to \$_____ maximum amount.

_____ Do not do **any additional** oral surgery or surgical extractions. I understand that additional dental procedures with further anesthesia will be needed in my pet's future.

_____ Do not do **any** oral surgery or surgical extractions. Proceed with the dental prophylaxis only.

While every precaution and meticulous evaluation of each potential extraction is carefully planned, I understand that dry socket, surgical dehiscence, nerve damage or facial paralysis and/or jaw fracture may occur as potential side effects as a result of oral surgery. _____ (initial)

I have read and understand the above services or tests that I have selected or declined. I understand that I may have chosen items that will accrue additional charges above and beyond any treatment plans I was previously given. I have had the opportunity to ask questions about the above options including any additional costs related to my choices.

Signature of Owner/Agent

Date

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Hospital Admittance Form

I, undersigned owner/agent of the below named and admitted patient, hereby authorize the attending Veterinarian(s), her/his designated associates, assistants and staff to perform diagnostic procedures as they determine necessary for the care of my pet, including but not limited to blood tests, X-rays or other procedures as needed. Further, I authorize the attending Veterinarian(s), her/his designated associates, assistants and staff to administer such treatment as deemed therapeutically necessary. I also authorize the use of anesthetic agents if needed. Should an anesthetic be necessary, I authorize the placement of an intravenous catheter (if needed) to minimize the risk of anesthesia. I grant you my consent to receive, prescribe for, treat and/or operate upon my pet. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection there with as it is thoroughly understood that I assume all risks.

I understand that the attending Veterinarian will make a reasonable attempt to contact me prior to above-mentioned therapeutic procedures being performed. However, failure to complete said connections shall in no way reverse this authorization for treatment. I understand that no guarantee of successful treatment is made, and hereby verify that I have read and fully understand this authorization. Further, I assume financial responsibility for all charges, and agree to pay all charges at the time of the release of my pet from hospital care.

Since we are a multi-vet practice, I understand my pet may be seen by more than one veterinarian. Visitation may be available during my pet's stay and I understand that due to the nature of the hospital setting emergency conditions may alter the length of time or time(s) of day available. It is necessary that I call and confirm visitation before my arrival. Visitation is not allowed for any patient in isolation. I am welcome to call the hospital and speak to a technician during business hours regarding my pet and understand that any diagnoses can only be made by a doctor. A doctor or technician will make every attempt to update me at least once daily during my pet's stay.

In the unfortunate event that my pet becomes critical, I request the doctor and medical staff to:

____ **RESUSCITATE:** Perform any resuscitation effort including chest compressions, oxygen therapy and life-saving medications the doctor deems necessary and is within the realms of our clinic's capability to aide my pet, including emergency surgery.

____ **DO NOT RESUSCITATE: DNR**

ADMITTANCE DATE: _____ CLIENT: _____

PATIENT: _____

REASON ADMITTED: _____

I understand there are doctor(s) or staff member(s) in the building during business hours that are assigned to my pet's care. After hours monitoring via remote surveillance is utilized by our on call staff. 24 hour monitoring is available at an emergency clinic in Hagerstown, Maryland. If your pet needs close monitoring, our veterinarian may recommend your pet be transferred there overnight. It may be necessary for our doctors to contact you concerning your pet's status at any time during their hospitalization with us. Please provide any phone numbers that we may need during your pet's stay.

Primary Phone: _____ Secondary Phone: _____

Please keep me updated on my pet via: ☐ Phone Call ☐ Text Message (Carrier): _____

☐ Email: _____

Time last ate: _____ Drank: _____

Last medications given: _____

I understand that throughout my pet's hospital stay additional costs may be incurred and that all fees are due when services and medications are rendered and will be paid in full at the time of my pet's discharge from the hospital.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

Owner's Name (Print)

Owner's Name (Signature)