

For office use only:

Client ID:

Patient ID:

**Westridge Animal Hospital
3909 New Boston Rd
Texarkana, TX 75501**

Oral Surgery/Dental Prophy Consent Form

Client Name _____ **Patient Name** _____
Address _____ **Species** _____ **Breed** _____
Telephone _____ **Sex:** **Neutered Male** **Male** **Spayed Female** **Female**

Your pet is scheduled to have a dental prophy and/or oral surgery today. It is important to us that you understand that we believe each of these procedures to be of significant value in accomplishing the dental without incident or complications.

We highly recommend the following:

Pre Anesthetic Blood Testing: Pre Anesthetic blood work is required for ALL pets 8 years of age and older. Some conditions, including disorders of the liver, kidneys, and blood, are not detected unless blood testing is performed. Anesthetic Agents are processed through the body by the liver and kidneys. For this reason, we highly recommend pre anesthetic blood testing to place your animal in the lowest possible anesthetic risk category.

Comfort Care Package: Our Deep Tissue Cold Laser uses a beam of laser light to deeply penetrate tissue without damaging it. Laser energy induces a biological response in the cells called "photobiomodulation", which leads to reduced pain and inflammation, and increased healing speed. Our Comfort Care Package is an option we provide as another way to make sure your pet is feeling as comfortable as possible after their surgery.

Dental Extractions: Until your pet is under sedation, and we have performed full mouth radiographs, we will not know how many extraction(s) if any may be needed. Below is a general range of what additional costs you may incur:

Loose Teeth: \$0-15 per tooth

Routine Extraction(s): \$16-25 per tooth

Surgical Extraction(s): \$26-50 per tooth

Please initial beside treatments you would like to be INCLUDED:

_____ *Pre Anesthetic Blood Profile* **\$60.00** _____ *Comfort Care Package* **\$8.00** _____ *Microchip* **\$69.50 (chip/registration)**

If you choose to decline the above recommended procedures, please sign the statement below:

I, the owner, or owner's agent, of the pet decline the above recommended preanesthetic diagnostic tests and agree to hold Westridge Animal Hospital harmless, in the absence of negligence in the event of anesthetic, surgical or medical complications that might have been detected had these tests been performed.

_____ (signature)

Since dentistry is not an exact science, we cannot predict the exact cost of added extractions, until a through exam is done through sedations and radiographs. Because of this, our practice considers this to be mal-practice to not correct these issues during the procedure. I understand I will not be notified until after the procedure is complete and will be responsible for the added unforeseen costs.

Signature of Owner/Owner's Agent

Date

Phone Number

☐ Texting option for updates on your pets procedure

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C: _____

M: _____

F: _____