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## Dental Exam/Prophylaxis Information and Consent Form

Patient: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Your pet is scheduled to undergo a dental exam and prophylaxis (cleaning), requiring the administration of anesthetic agents. We at Westside Animal Hospital will perform this procedure with all reasonable care and precautions.

Additional procedure(s) to be performed: \_\_\_\_\_

### PRE-ANESTHETIC BLOODWORK

The majority of pets will undergo this procedure with no difficulties; however, some conditions, which may influence the effect of anesthesia on your pet's body, may not be evident on physical examination alone. To better ensure your pet's safety and ability to tolerate anesthesia, we recommend a pre-anesthetic blood screening that will help assess proper organ function and aid in ruling out pre-existing internal problems. The pre-anesthetic screen is a 7-test panel that checks blood sugar, blood protein, kidney function, liver function, and red blood cell count. If you would like this pre-anesthetic bloodwork performed, at a cost of \$46.50, please check or initial below.

\_\_\_\_\_ I request the pre-anesthetic bloodwork.

\_\_\_\_\_ I decline the pre-anesthetic bloodwork.

### EXTRACTIONS

Once your pet is anesthetized, we may find loose, decaying, or damaged teeth that in the doctor's estimation are beyond saving and may actually be contributing to chronic pain or disease. Diseased teeth may not be apparent until we can actually probe around each root after your pet is asleep. It is our policy to extract these diseased teeth if the doctor feels this is the best option. The fee for extraction(s) ranges from \$5.00 - 70.00 depending on the number and difficulty of extraction(s). If you have special concerns regarding extractions, please ask to speak with a doctor or technician ahead of time.

### PAIN CONTROL

In the event that your pet requires extractions or also undergoes a surgical procedure, there may be some degree of pain or discomfort. This will be managed with pain medication while your pet is here in the hospital. We typically also send home oral pain tablets to be given for 3-4 days after returning home.

### MICROCHIPPING

We offer microchipping for your pet as a means of permanent identification. An ideal time for this procedure is while your pet is already anesthetized. The cost for the microchip and placement is \$52.50. Lifetime registration is free. Please check or initial below.

\_\_\_\_\_ I would like to have my pet microchipped.

\_\_\_\_\_ I decline microchipping.

**Please read information on other side.**

## ENAMEL SEALANT AND PLAQUE PREVENTION GEL

We now offer OraVet™ Barrier Sealant and Plaque Prevention Gel. These revolutionary new products are designed to actually prevent plaque and tartar accumulation on the teeth. The Barrier Sealant is applied here after your pet's teeth have been cleaned. Once applied, an invisible barrier to plaque and tartar is created. To maintain this barrier long-term, the Plaque Prevention Gel is applied by you at home. The gel is applied once weekly with an applicator swab; application takes less than one minute. The gel is odorless, tasteless, and invisible once applied. The gel is compatible with tooth brushing, dental diets, and dental chews. Please check or initial below.

\_\_\_\_\_ I would like to start my pet on the OraVet™ plaque prevention program. Application of the Barrier Sealant at the hospital costs \$34.00. Eight applications (8-week supply) of the home Plaque Prevention Gel cost \$20.00.

\_\_\_\_\_ I am not interested in starting the OraVet™ program at this time.

## CONTACT INFORMATION

Please provide telephone number(s) where you may be reached the day of the procedure.

Name (Please Print)

Telephone number

\_\_\_\_\_  
\_\_\_\_\_

## PREPARATION

Please follow the steps outlined to prepare your pet for the procedure. This information is provided with your pet's safety in mind.

- No food after 8:00 P.M. the evening before your appointment. Water may still be given.
- Drop off your pet at 8:00 A.M. the morning of your appointment OR between 4:00 P.M. and 6:00 P.M. the evening before (weekdays only).
- Your pet must have had all appropriate vaccinations (Rabies and Distemper complex) within the last 12 months in order to undergo the dentistry. If the box below is checked, we have no record of vaccination status.  
 Please bring documentation of vaccination.
- Please allow at least 5 - 10 minutes on the morning of your pet's appointment to get checked in.

## HOSPITAL/SURGICAL INFORMATION

- **Preparation** — For patients also undergoing surgery, the skin surrounding the surgical area will be clipped of fur and scrubbed with an antiseptic. Equipment used will be sterilized, and surgery personnel will antiseptically scrub and wear gloves, masks, caps, and gowns during the operation.
- **Anesthesia** — General anesthesia is used unless otherwise specified. The anesthetic agent(s) used will be specially selected with your pet's age, health status, and the type of procedure to be performed in mind.
- **Operative Monitoring** — We are equipped to monitor heart rate, respiration, blood pressure, ECG, and blood oxygen saturation. Our trained veterinary technicians monitor your pet throughout the procedure.

## POSTOPERATIVE CARE

Following the procedure, your pet is transferred to the Intensive Care Unit to be monitored during recovery. Both staff and doctors will check your pet routinely during the hospital stay. You may call after 11:00 A.M. to obtain your pet's condition and to schedule a tentative release time. We will meet with you before taking your pet home and will provide you with release instructions. If you have questions regarding home tooth brushing, feel free to discuss this with a technician. If you opted to start the OraVet™ program, we will instruct you how to apply the gel at home.

*I have read and understand the preceding information, and I agree to the indicated procedure(s). I understand that payment is due at the time my pet is discharged. I also understand that I may request a written estimate for expected charges.*

\_\_\_\_\_  
*Signature of Owner or Responsible Agent*

\_\_\_\_\_  
*Date*

***If you discover you cannot keep your appointment,  
please call our office as soon as possible.***