



Dental Cleaning

A professional dental cleaning includes the following:

- Removal of plaque and tartar from the teeth
- Elimination of plaque and tartar from under the gums
- Probing of gingiva to assess dental disease
- Polishing to smooth enamel scratches that may attract bacteria
- Dental charting so progression of dental disease can be monitored over time
- Inspection of the lips, tongue, and entire mouth for growths, wounds, or other problems

If abnormalities are noted after the initial examination the following treatments may be needed:

- ❖ Dental radiographs (x-rays) to evaluate problems below the gum line
- ❖ Application of Clindoral antibiotic gel
- ❖ Removal of fractured, loose, painful or infected teeth
- ❖ Using a bonded sealant for uncomplicated fractures and chips

The procedure in dogs and cats requires general anesthesia to induce complete unconsciousness and relaxation. The patient will receive a pre-anesthetic sedative-analgesic drug (pain reliever) to help him/her relax. An IV (intravenous) catheter is placed to administer fluids and medications. A brief intravenous anesthetic is given to allow placement of a breathing tube in the trachea, and subsequently inhalation (gas) anesthesia in oxygen is used during the actual procedure.

The *benefits* of this procedure include: diagnosis and removal of painful, infected, or diseased teeth, and improved/fresher breath. Also, decreased risk of bacteria from severe dental disease causing issues with other organs and slowing the progression of dental disease.

The overall *risks* are low. The major risks are those of general anesthesia (drug reactions, decreased blood pressure/temperature, regurgitation, aspiration pneumonia, and cardiac arrest) which can result in death, bleeding (hemorrhage) and postoperative infection. There can also be a possibility of retained roots, oronasal fistula or fractured jaw when abnormal and diseased teeth are present and require extraction.

The patient may require antibiotics and/or pain medications to go home after the procedure.

In general patients go home the same day.

Dental procedures can range from approximately \$300-1200 depending on the severity of dental disease and the necessary treatments. This can only be assessed after a dental cleaning and thorough examination.

Dental/Anesthetic options: Please initial next to your choice for each option.

Pre-Anesthetic Blood Work: Complete blood count and chemistry panel to evaluate for any pre-existing conditions that may increase your pet's anesthetic risk. **This is mandatory for patients 7 years or older.**

_____ I accept pre-anesthetic lab work (cost: \$66.00hgfmjhf)

_____ I decline pre-anesthetic lab work and understand that my pet may have underlying disease that may go undetected

****** While your animal is under anesthesia we may need to call to get your permission for additional procedures or treatments. This may occur anytime between 8:00a.m. - 2:00p.m. If we cannot reach you, we will not proceed with any necessary treatments such as extractions and x-rays unless authorized at check-in. This may result in having to schedule another procedure to address the issues. ** (For some delicate or involved procedures, even if prior authorization for treatments is given, we may not be able to proceed without being able to discuss specific risks and benefits with you first).**

_____ Proceed with any treatments necessary
_____ Call before any procedures other than the initial cleaning and examination
_____ Call if amount exceeds \$ _____

Consent for Anesthesia and Dental

I, the undersigned, am the owner or authorized agent of the pet listed below, and am at least 18 years of age. I elect to have this pet undergo the anesthetic and dental procedure listed below, and declare that I understand the procedure along with associated benefits and risks (up to and including death) as outlined above, and I have had the opportunity to have my questions regarding the procedure answered.

Client Name (print): _____
Pet's name: _____ Date: _____
Client Signature: _____
Species: _____ Date of Birth: _____ Sex: _____
Surgical/Dental Procedure(s): _____
Additional Services: _____

Phone number where you can be reached today: _____

My pet has had food withheld for a minimum of 8 hour: Yes _____ No _____

My pet's current medications/supplements:	<u>Dose</u>	<u>Last given</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Veterinarian Name: _____

Veterinarian/Technician Signature: _____ Date: _____