

Brigadoon Animal Hospital

Dental Consent Form

Extractions

It can be difficult to predict if teeth need to be extracted when an animal is awake because movement and tartar interfere with the assessment. Severely diseased teeth can cause considerable pain and discomfort and are a source of infections for other organ systems (liver, kidney, lungs and heart). If you received an estimate, know this is an ESTIMATE only and there is no way to know if a tooth needs to be extracted until we can do a full oral exam under anesthesia and probe the gingiva and teeth.

During the dental exam we may find teeth that will need to be extracted, in which case, **we will remove those teeth**. The cost of extractions varies depending on the difficulty and can range in price per tooth (multi-root, single-root, canine, etc). Gingival flaps may be required after certain extractions to help close the sites where the tooth was removed. If extended dental work needs to be done, your pet will require additional anesthesia, for which additional fees will apply.

Pain management (including local numbing injections) will be provided in all dental procedures. The veterinarian will administer pain medications based on your specific pet's needs. Additional antibiotics may be necessary given the degree of dental disease. Both are an additional fee and are **not** optional.

Unfortunately, we do not have the capability to provide dental radiographs currently. Radiographs are available in-hospital. These do not provide the details needed to evaluate individual teeth, but can assist with diagnostics at an additional cost.

_____ I understand that during the procedure we may find teeth that need to be extracted, in which case these teeth **WILL BE REMOVED**. (the cost of extractions varies depending on difficulty and price per tooth)

_____ I understand my pet will be under anesthesia and I need to be promptly available to give my permission. We will attempt to contact you if your pet requires additional unanticipated, non-emergent procedures.

If other issues for instance oral masses or abnormal tissue are found and I cannot be contacted, OR if the unforeseen procedure(s) becomes urgent/ emergent (please initial applicable space)

_____ I authorize the veterinarian to do whatever is medically necessary

_____ I authorize procedures up to an additional \$300

_____ I DO NOT authorize any future procedures

Owner/ Agent Signature: _____

Date: _____

Brigadoon Staff Signature: _____

Date: _____