



Consent for Dental Treatment

Your Name: _____

Cat's Name: _____

Phone Number: _____

Procedure(s) Being Performed: _____

Description of Services

Your cat will be undergoing general anesthesia for a dental procedure today. During general anesthesia, your cat is completely unaware of his/her surroundings and is not responsive to external stimuli. For your cat's comfort and safety, he/she will receive oxygen and anesthetic gas through a breathing tube and receive fluids and medications through an intravenous (IV) catheter.

Once your cat is anesthetized, we will conduct a thorough oral examination, take x-rays of all teeth, and perform a professional dental cleaning and polishing.

After the oral exam and review of the x-rays, the doctor may determine that your cat needs additional treatment beyond what you've authorized on the Treatment Plan. In these cases, a separate treatment plan and estimate will be made. Depending on the severity of disease present, the doctor may recommend splitting your cat's treatment into two stages. The first stage would be completed today and the second stage would be scheduled for a later date.

If additional treatment is needed, the doctor and/or her agent will attempt to contact me at the phone number listed above. If they cannot reach me, I would like the doctor and/or his agents to do the following (choose ONE):

- Please do whatever the doctor determines to be medically necessary. I understand I will be responsible for additional charges.
- I do not authorize any additional procedures beyond what is stated in the Treatment Plan. I understand my cat may require additional anesthetic procedure(s) at a later date to address diseased teeth.

Please read the following statements, then sign below.

I have been advised of the nature of the services and procedures included in the Treatment Plan, as well as the risks involved. While I expect all procedures to be performed to the best of the staff's abilities, I realize that medical results cannot be guaranteed.

I understand that, although uncommon, complications can occur with any dental procedure, including but not limited to the possibility of infection, bleeding, blood clots, swelling, and bruising. Additional complications for this specific procedure have been discussed with me.

I understand that abiding by the post-operative instructions is crucial for a proper recovery and to help avoid postoperative complications.

In the case of emergency and in the event I cannot be contacted in time, I authorize Whitney Odom, DVM, and/or her agents to perform any additional diagnostic, therapeutic, or surgical procedures necessary to treat my cat and maintain my cat's health and comfort. I expect Dr. Odom and/or her agents to use reasonable precautions to ensure my cat's safety, and I agree to pay in full for all services provided when my cat is discharged.

I have reviewed and approved the Treatment Plan presented to me. I understand that a deposit of 100% of the lower end of the estimate is due when my cat is admitted to the hospital, and that the remainder of the invoice is due in full at discharge. I understand that the estimate may not be a complete representation of my final bill if additional procedures are performed.

I understand that during anesthesia, dental treatment, or recovery, unforeseen conditions may be revealed that necessitate an extension of the procedure, or even procedures different than those set forth in the Treatment Plan.

I acknowledge that I have read this form, that I understand the risks, alternatives and expected results of the dental procedure and that I had ample time to ask questions and to consider my decisions.

Signature _____ Date _____