My pet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is undergoing anesthesia today to have a dental cleaning and/or possible extraction(s). My pet has had a recent pre-surgical exam and my doctor has discussed the procedure with me and has given me a detailed treatment plan for review.

The doctors at Mayfair Animal Hospital will do everything possible to preserve and maintain the health of your pet’s teeth. During the course of the examination and cleaning, loose or decayed teeth may be found. Unhealthy and decaying teeth can lead to further health complications for your pet including, but not limited to, heart disease.

If, in the doctor’s professional judgment, these teeth should be removed do you give your consent?

\_\_\_\_\_\_\_\_\_\_ Yes, I give my consent for the doctors to use their professional judgment and extract any teeth necessary to maintain my pet’s health. I agree that I will be responsible for any additional cost that may occur with the extractions that are necessary to keep my pet healthy.

\_\_\_\_\_\_\_\_\_\_ Yes, I give my consent for extractions AFTER I have been called and informed of the situation. If I am NOT available, then I DO give my consent for the doctors to extract any teeth necessary.

\_\_\_\_\_\_\_\_\_\_ Yes, I give my consent for extractions AFTER I have been called and informed of the situation. I agree if I am NOT available within 5 min of the doctor’s call then the doctor will NOT proceed forward with extractions and the patient will be awakened from anesthesia. I am aware that the doctor’s recommendation for extractions may result in my pet to undergo additional no teeth and be removed without verbal authorization from the owner.

All procedures involve some risk. We have provided many risk reducing factors specific to the procedure such as diagnostic blood testing, IV catheter with fluids, high tech monitoring equipment, and a dedicated anesthetist. In the rare and unforeseen event of a life-threatening emergency, I understand that Mayfair Animal Hospital will initiate emergency measures and attempt to contact me immediately. I understand this may generate associated fees and that I will be responsible for these fees.

I accept\_\_\_\_\_\_\_\_\_\_\_/Declined\_\_\_\_\_\_\_\_\_\_ emergency measures, inital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Client Signature Date