

**Winchester Animal Hospital**  
901 North Loudon Street – Winchester, Va 22601  
(540) 667-0260



Dental Prophy Consent Form

For: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize and direct the veterinarians of the Winchester Animal Hospital to perform a dental prophylaxis on my pet. I understand that any additional procedures and/or treatments may increase the final cost. I understand that the hospital requires all pets be current on their vaccinations, be free of all parasites, and have had a recent physical examination. I realize there is always a risk when anesthetics and other medications are used and when a dental is performed. I also know that results cannot be guaranteed. The doctors have my permission to do what they view necessary for my pet today.

**I understand that some unhealthy teeth may fall out on their own during this dental procedure.**

**My pet has not eaten in the last 8 hours.**

**Payment is due when pet is picked up from surgery. Please Initial \_\_\_\_\_**

Owner's Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

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**Pre Anesthetic Blood Testing and Healthy Heart Check**

Our greatest concern is the well-being of your pet. Before putting your pet under anesthesia, we can perform a blood analysis. This gives us an inside look at your pet's vital organs and lets us know if they are functioning normally. Such tests are important before any kind of surgery. We strongly recommend that you have the blood work done at any age, but if your pet is over six years old we do require a MINI chemistry panel be performed. If your pet is over nine years old we do require the full blood PROFILE to be done. We can also check your pet's heart by the use of an ECG. This will insure us that your pet has a strong and healthy heart before going into surgery.

\_\_\_\_ I would like the MINI panel done for my pet's safety (6 chemistry panel-PCV-Total protein)

\_\_\_\_ I would like the FULL PROFILE done for my pet's safety (12 chemistry panel –PCV-Total protein-CBC)

\_\_\_\_ I would like an ECG done on my pet to insure a healthy heart before surgery is done today.

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If the doctor finds additional dental issues during surgery I would like the following steps taken:

\_\_\_\_ You do not need to call me, do what is best for my pet within \$ \_\_\_\_\_.

\_\_\_\_ Call me before performing any other services. **Phone #** \_\_\_\_\_

**If you cannot reach me then:**

\_\_\_\_ Perform the services for my pet that the doctor deems fit within \$ \_\_\_\_\_.

\_\_\_\_ Do not perform any extra services to my pet. I will reschedule at a later time and I realize my pet will need to be re-anesthetized to perform the recommended dental care.

Comments:

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**Post Surgery Pain Medications**

We recommend pain medication to go home with our patients after their dental procedure if there were tooth extractions performed. Reducing pain in our pets helps their ability to heal faster and of course keeps them more comfortable during this time.

Over →

I would like the following extras to be done while my pet is in the hospital today. (Please circle)

Nail Trim

Ear Cleaning

MicroChip ID

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If my pet has unhealthy gums and an antibiotic treatment medically placed under the gums could help heal the gum and help prevent my pet from loosing that tooth.-please do the treatment       YES       NO

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Estimate of today's services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \_\_\_\_\_