



**SOUTH  
WILTON  
VETERINARY  
GROUP**

51 Danbury Road  
Wilton, CT 06897

Phone (203) 762-2002  
Fax (203) 834-9999

## **Dental Care Admission Form**

**Client ID** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Patient Name** \_\_\_\_\_

**Vaccine Status and Other Service Requests:** *(for office use only)*

Rabies due: \_\_\_\_\_ Distemper due: \_\_\_\_\_ Lyme due: \_\_\_\_\_ Feline Leukemia due: \_\_\_\_\_  
 Bordatella due: \_\_\_\_\_ HWT due: \_\_\_\_\_ Fecal due: \_\_\_\_\_  
 Nail Trim? \_\_\_\_\_ Wing/beak trims? \_\_\_\_\_ Microchip? \_\_\_\_\_ Other services/comments: \_\_\_\_\_

The following is a synopsis of your pet’s upcoming dental cleaning procedure, and some of the events surrounding that day.

Your pet should arrive between 8:00 - 8:30 AM. All pets being admitted to the hospital must be up to date on necessary vaccinations. Your pet’s vaccine status is indicated above. **Any necessary vaccines due will be administered today.** You should have been advised on whether or not a fast was required, and if so, for how long. The admission process involves signing a “permission to treat” and an estimate of the costs involved. A contact telephone number and a 50% deposit are required upon admission. After admission your pet will be examined and weighed. The doctors will prescribe pre-anesthetic medications for pain and to relieve anxiety. The nurses will place an intravenous catheter and the patient will be kept quiet in a cage awaiting his/her turn for surgery. All patients undergoing general anesthesia will receive intravenous fluids during the procedure. The type of anesthesia used is dictated by the age and health as well as the procedure being performed. Only the safest anesthetic protocols are used and patients are closely monitored by a nurse-anesthetist as well as with monitoring devices such as pulse oximetry, EKG’s, blood pressure, respiratory and/or temperature monitors. During the recovery period, or shortly thereafter, the nurse or doctor will call you to let you know how everything went.

### **Pre-Anesthetic Blood Testing**

Pre-anesthetic blood tests within 30 days of the procedure are required to help ensure your pet’s safety under anesthesia. These blood tests evaluate the functionality of vital organs like the liver and kidneys which need to be healthy in order to metabolize the drugs used during surgery. A pre-anesthetic EKG is also performed to evaluate the heart. If any abnormalities are discovered, the procedure may be altered appropriately or delayed until the issues are resolved.

*Date of pre-anesthetic blood test if done previously for this procedure:* \_\_\_\_\_

### **Risks of Anesthesia and Surgical Complications**

Although every effort is made to insure a safe and painless procedure, there are always some risks associated with any form of anesthesia. These risks may include decreased blood pressure, cardiac arrhythmias, apnea, body temperature variations (hyperthermia, hypothermia), and idiosyncratic reactions to a particular drug, prolonged recovery times and death. Additionally, there may be complications related to the procedure itself. Complications can occur during and after the procedure or surgery is completed. In addition to discussing potential risks associated with the surgery/procedure, the doctor or nurse should have answered any unresolved questions or concerns.

### **Preventative or Periodontal Dental Cleaning**

Since the most accurate assessment of your pet’s dental health can only be achieved while your pet is under anesthesia, we may find during the procedure that teeth need to be extracted. We will always try to preserve teeth when possible, but many times we need to extract in order to preserve dental health and relieve pain. If you have any questions about extractions, please consult our doctors prior to the procedure.

Our nurses apply a dental sealant called Oravet after every dental cleaning. This significantly reduces plaque and tartar formation by creating an invisible barrier that prevents bacteria from attaching to your pet’s teeth. We strongly recommend that you purchase Oravet home treatments and apply them weekly in order to keep up this crucial dental protection for your pet.

**I understand and agree to everything stated in this document. I have had all anesthetic and procedural risks explained to my satisfaction. I authorize South Wilton Veterinary Group to perform the scheduled procedure(s) on my pet.**

**Signature X** \_\_\_\_\_ **Date** \_\_\_\_\_