



Oral Assessment/Treatment/Plan
Surgical Release

Client _____ Patient _____ Date _____

Oral Assessment/Treatment/Plan involves the removal of tartar build up from teeth. Once the tartar is removed, the teeth are scaled above and below the gingival line. Dental radiographs are then performed to evaluate each individual root. At this point the doctor is better able to evaluate the health of each root. If there are any unhealthy teeth they will be extracted. Extractions may be performed due to the following circumstances: bone loss around the root(s), periodontal pocket(s), slab fracture(s), exposed root pulp, feline resorption lesions, and sensitivity. If your pet requires extractions, absorbable suture material is often used to close the extraction. (On *exceedingly* rare occasions, due to the severity of the periodontal disease and secondary bone loss in the jaw, a fracture of the jaw may occur during the extraction process.)The teeth are then polished and treated with fluoride. A therapeutic laser is often used after the procedure is finished to decrease pain and inflammation and aid in healing. **A complimentary appointment will be scheduled one week after the procedure.** At this time we will recheck any extraction site(s) and set up a home care routine to prevent bacteria and plaque buildup.

All animals undergoing general anesthesia require an overnight fast and a full day of hospitalization. Postoperative care includes restricted exercise for 3-5 days, daily visual checks of the mouth, and feeding soft food for 7-10 days. If your pet is not accustomed to eating canned food, soaking dry food in warm water for a short time will soften the kibble.

Postsurgical complications are rare and may include, but are not limited to, reaction to the suture material, infection and oronasal fistulas. Please notify the office if your pet is unwilling to eat, excessively pawing or rubbing at its face, or excessively drooling. A slight blood-tinged drool can be normal for the first few hours.

Before performing any procedure requiring anesthesia, blood work will be run to confirm your pet's overall health. This will also reveal certain health conditions that could put your pet at risk. If the results are abnormal, the doctor will contact you to discuss treatment options. The test results will then be part of your pet's medical record for future reference.

A leg is shaved for an intravenous catheter that is placed prior to surgery for direct access to the vein in the event of any complications. Intravenous fluids are also given during surgery to support normal physiologic functions. Our doctors routinely provide an injection of a 24-hour pain reliever at the time of the oral assessment/treatment/plan. Additional pain medication is given post-operatively for your pet to take home when your pet has extractions.

Please check one of each of the following:

- ❖ Have you **withheld food** from your pet? Yes No

- ❖ Please check off any of the following **prescription pain medication** your pet has had **in the last 2 days**
 Carprofen Meloxicam Deramaxx Previcox Buprenorphine None

- ❖ Please provide the last date and time the medication was given: _____

- ❖ Please check off any of the following **steroids** your pet has had **in the last 7 days**.
 Prednisone Prednisolone Dexamethasone None

- ❖ Please provide the last date and time the medication was given: _____

- ❖ If you did check off a steroid - The doctor will be made aware and will proceed accordingly with your consent. These medications can affect your pet's platelets, which allow blood to clot. There can also be adverse gastro-intestinal effects when these pain relievers are given in combination with our pre-surgical medications and pain medications going home with your pet

❖ Please check off any of the following over the counter pain relievers your pet has had in the past 2 days

Baby Aspirin Aspirin Ascription None

❖ Please provide the last date and time the medication was given: _____

❖ Please list any over the counter or prescribed medications or supplements your pet is on. Please indicate the last date/time given

❖ **I authorize extractions** to be performed based on the doctor's recommendation after the full anesthetized oral exam is completed

❖ Yes No

❖ If you would like us to contact you before extractions and we are unable to reach you, we will not proceed with the needed extractions and will wake your pet up from anesthesia. We will then recommend them to be performed at a later date requiring another anesthetic event.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- ❖ The reasonable medical and/or surgical treatment options for my pet
- ❖ Sufficient details of the procedure to understand what will be performed

- ❖ How fully my pet will recover and how long it will take
- ❖ The estimate of the fees for all services

Financial responsibilities for services are due at time of discharge. I also understand that Cranston Animal Hospital, INC. is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian.

I, the undersigned owner, or agent of the pet named above, certify that **I am 18 years of age or older** and authorize the veterinarians of Cranston Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet. It is thoroughly understood that I assume all risks, and that some risks always exist with anesthesia. As with any general anesthetic procedure there is a slight risk of an Idiopathic (unknown cause) Anesthetic Reaction (IAR), in rare situations may be serious and result in death. IAR is thought to be a cardiac hypersensitivity when given the anesthetic at its accepted and standard dosage. IAR has no predisposing factors, does not appear to favor one breed or species over the other. It is not revealed in standard screening tests and thus making it impossible to predict in advance.

Phone number(s) where I can be reached _____

Print Name _____

Signature of the owner/agent _____ **Date** _____