



16 Commonwealth Avenue  
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## Authorization for Periodontal Care

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic periodontal care and consent to the appropriate procedures described to me by staff veterinarians at Veterinary Associates of Cape Cod. These procedures include but are not limited to:

- periodontal prophylaxes (routine teeth cleaning and polishing)
- oral surgery (including tooth/root extractions)
- periodontal radiographs
- antibiotic gel implants
- orthodontic work.

I am aware that periodontal procedures for pets require the use of anesthesia. I understand that some risks always exist with anesthesia and periodontal procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before these procedures are initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care.

I agree to assume financial responsibility for all fees associated with this procedure. I understand that my payment options are cash, check, credit/debit card, or CareCredit, and that payment is due at the time my pet is discharged from the hospital.

Please check this box if you would like to have your pet micro chipped during this anesthetic procedure. This is a painlesstime to have a chip implanted. Please ask us if you have any questions about micro-chipping.

I understand that veterinary care during nighttime hours and/or weekends is provided at the discretion of the attending veterinarian. Continuous presence of personnel is not provided during these hours.

I have not given my pet any food or water after 10 pm on the night before the procedure, unless otherwise advised by my doctor. I understand that this is important for anesthesia safety.

### **I HAVE READ AND FULLY UNDERSTAND THIS SURGERY AND ANESTHESIA CONSENT FORM**

Your signature confirms that you have read this information and understand it. At any time during your pet's treatment, you may ask for an updated estimate. Thank you for your confidence in us.

Signature of  
Owner:

\_\_\_\_\_

Date:

\_\_\_\_\_

**While my pet is at Veterinary Associates of Cape Cod, I can be reached via:**

**Phone**

**at:**

**Email**

**at:**

**Text at:**