

COMPREHENSIVE ORAL HEALTH ASSESSMENT AND TREATMENT CONSENT (COHAT)

Owner's name: _____ Pet's name: _____ Date: _____

1. In an effort to provide your pet the best medical care we can, we are now including full mouth dental radiographs (x-rays) in the price of a comprehensive oral health assessment and treatment/COHAT (what we used to call a dental cleaning). Using this technology, we can find diseased or dead roots, bone loss, "missing" teeth, and many other problems that may be causing pain or discomfort for your pet.
 - a. Depending on what is found on radiographs, we will proceed with treatment as indicated below. Please indicate if you approve of using full mouth radiographs diagnostically-\$95: **YES or NO**
 - i. Note that if an extraction is warranted, a radiograph may be necessary but will be charged at the single (\$32.50) or regional rate (\$65)
2. After the doctor has assessed your pets' oral health, there may be additional steps needed. Please indicate if/how you would like to be contacted (**PLEASE CHECK a, b, or c**):
 - a. Pursue treatment at the doctors discretion without calling for confirmation
 - b. Call only if over \$_____ in assessment and treatment costs
 - c. Call for confirmation to proceed with treatment
 - i. **If c is checked, please check 1 or 2:**
 1. If unavailable, go on with treatment
 2. If unavailable, do not go on with treatment
 - a. If we do not proceed with treatment, you may choose to pursue treatment at a future visit and will not be recharged for the anesthesia fees or blood work (if needs to be repeated)
3. If your pet doesn't have a microchip, would you like us to place one during the procedure- \$60: **YES or NO**
4. Last food given to patient (time): _____
5. Does your pet show any signs of illness? **Y or N**
 - a. If yes, please explain: _____
6. Is your pet taking any medications? **Y or N**
 - a. If yes, please list: _____
7. List your pet's known allergies: _____
8. Previous surgeries: _____
 - a. If you're aware of previous complications, please explain: _____
9. List any behavioral concerns (biting, timidness, special handling required): _____
10. Anything else you would like looked at today by the doctor? _____
11. List any belongings left with pet: _____

SEDATION AUTHORIZATION (please initial)

- I verify I am the owner (or authorized agent for the owner) of the above named pet and authorize the above procedure to be performed. _____
- I understand that during these procedures great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) listed above. I authorize Santa Fe Veterinary Clinic to perform additional diagnostics or procedures deemed necessary for medical or surgical complications. _____
- While Santa Fe Veterinary Clinic provides the highest quality of anesthesia monitoring and surgical services, I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any risks. I will not hold Santa Fe Veterinary Clinic, the veterinarians or any team member liable for any complications that may arise. _____
- I agree to be responsible for any charges incurred while my pet is in the care of this facility and understand payment is due at the time my pet is released from the hospital. _____

Which of the following is your preferred method of contact (**please check one**)?

- Phone call: (____) _____ - _____
- Text message: (____) _____ - _____ & Service carrier: _____
- Email: _____

Owner signature _____ Date _____