

Sedation and Dental Procedure Consent Form

Before beginning a dental procedure, it is our policy that every patient be given a sedative to ensure a safe working environment for the patient, client and staff. Throughout the dental procedure, it may become necessary for additional drugs to be administered. It is our responsibility to make all owners aware that, although rare, there are certain risks involved with sedation. **If there are any pre-existing medical conditions that your horse has been diagnosed with or suspected to have, it is the owner/trainer responsibility to inform us so we can make the right decision for the patient.** After the procedure, the patient will be given Phenylbutazone (Bute) orally, unless the owner or any other authorized agent declines. We require a close safe environment in which to allow the patient to recover. Cross ties are ideal. Recovery time will vary, so please be aware while working around or handling the patient. If they need to be moved to a different location, please ask us to do so. If it becomes necessary for you to lead the horse, do so with your hand near the halter and a stiff arm on the shoulder keeping them at a safe distance. The patient should not be offered any kind of food until they have recovered from sedation, and can swallow their food competently. Signs of recovery should include looking bright, alert and responsive and walking normally. If there is any concern or question as to the recovery process, please inform us immediately. Most horses can return to normal activities in 48 hours, often the next day, after the procedure. If the horse appears to be eating slowly then continued use of Bute is appropriate for another couple days. If possible, they should have very light biting contact in the mouth. Please inform us if the patient is not finishing his/her food, not drinking normally, has very firm stools, or seems more listless or uncomfortable (excessive drooling, holding head in unusual manner, etc.) than usual.

Please list any known allergies/medical conditions _____

I _____ am the owner or authorized agent of _____ (patient) _____, and understand the information regarding the dental exam, procedure and treatment that will be performed today. I am aware that there could be risks and complications involved with the procedure due to sedation. I hereby authorize and permit Samuel "Bo" Felix, D.V.M and his staff to perform a dental procedure on my horse(s).

Signed: (Owner Agent Other) (circle one)

Signature: _____ Date: _____

Client Information

Name: _____

Address: _____ City _____

State: _____ Zip: _____

Phone: _____ Email: _____

Horses Information

1. Name: _____ Breed: _____

Age: _____ Color: _____

Primary Discipline: _____

2. Name: _____ Breed: _____

Age: _____ Color: _____

Primary Discipline: _____

3. Name: _____ Breed: _____

Age: _____ Color: _____

Primary Discipline: _____

4. Name: _____ Breed: _____

Age: _____ Color: _____

Primary Discipline: _____

5. Name: _____ Breed: _____

Age: _____ Color: _____

Primary Discipline: _____