

Dental Consent Form

Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Microchip ID: \_\_\_\_\_  
Client: \_\_\_\_\_ Age: \_\_\_\_\_  
Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

If your pet is to be anesthetized, rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine preanesthetic examinations. We strongly recommend a Pre-anesthetic blood test profile. Although the blood profile does not totally eliminate risk, it greatly reduces the possibility of complications and serves to identify conditions that may require future treatments.

Injectable pain control helps control pain and keep patients comfortable after procedures. Faster recovery time, shorter hospital stay and fewer surgical complications are all benefits of pain control.

- \_\_\_ YES \_\_\_ NO Preanesthetic Profile: Reduce the risk of anesthetic complications
- \_\_\_ YES \_\_\_ NO Injectable Pain Control (If Needed)?
- \_\_\_ YES \_\_\_ NO Would you like oral pain medication sent home if there are extractions?
- \_\_\_ YES \_\_\_ NO Are exam/vaccinations current?
- \_\_\_ YES \_\_\_ NO Need an exam/vaccinations today? DPL\_\_\_ LYME\_\_\_ RABIES\_\_\_  
EXAM\_\_\_ K/C\_\_\_
- \_\_\_ YES \_\_\_ NO Heartworm test current?
- \_\_\_ YES \_\_\_ NO Would you like a Heartworm test done today? (If over 7 months old)
- \_\_\_ YES \_\_\_ NO Do we have permission to perform dental x-rays; if recommended by the Doctor?

I, \_\_\_\_\_, the owner or agent of \_\_\_\_\_, hereby understand, consent, and authorize the doctor(s) and staff of the above named veterinary medical hospital to perform a complete dental cleaning (including scaling and polishing) and tooth extraction if needed. **"ALL LOOSE OR DISEASED TEETH WILL BE EXTRACTED IF DOCTOR DEEMS NECESSARY."**

The nature of these procedure(s) have been explained to me and no guarantee has been implied or made as to the results or cure. I understand there may be risk involved in the treatment of my pet. I further understand that during the course of the procedure(s), unforeseen conditions may arise that may necessitate the performance of additional procedures.

**ALL PETS WITH FLEAS WILL BE TREATED AND OWNER IS RESPONSIBLE FOR CHARGES**  
**ALL SERVICES ARE STRICTLY CASH AND MUST BE PAID AT THE TIME OF DISCHARGE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency/Contact Telephone Number: \_\_\_\_\_

Would you like to be contacted after your pet wakes from anesthesia? \_\_\_ YES \_\_\_ NO