

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?
- ___ YES ___ NO Would you like oral pain medication sent home if there are extractions?
- ___ YES ___ NO Are exam/vaccinations are current?
- ___ YES ___ NO Need an exam/vaccinations today? FVRCP___ FELV___ RABIES___ EXAM___
- ___ YES ___ NO Would you like your pet tested for Feline Leukemia/FIV/Heartworm?
- ___ 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