Consent for Dental Care

Client's Name: {FULLNAME} Pet's Name: {NAME}

I, the undersigned owner or agent of the owner of the pet identified above, certify that ☐ **I am** ☐ **I am not** (check one) eighteen years of age or over. I have been informed that my pet is in need of preventative or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff /veterinarians at this facility. These procedures include but are not limites to the following: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions.

Pre-anesthetic bloodwork is ***required*** prior to anesthesia to prevent complications during the procedure. A short panel is recommended for animals under 6 years of age. A full panel is recommended for animals 6 years and older. ☐ Abbreviated Panel ☐ Comprehensive Panel ☐ Completed

Additional services that may be provided for an additional fee. Please check a box below if desired.
☑ Nail Trim included ☐ AG Expression ☐ Microchip ☐ Ear Cleaning
☑ Pain Medication included ☑ Cerenia Injection included
☐ Other:

Current Medications: Please list all medications your pet is currently taking.

_____

_____

Last Dose Given: Indicate whether each medication was administered the night before surgery and/or the morning of surgery.

_____

_____

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my veterinarian before these procedures are initiated. I accept that veterinary medicine is not an exact science and that no guarantee of successful treatment has been made.

CPR: **Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff ☐ has permission and I agree ☐ does not have permission and I do not agree to provide such treatment and I agree to pay for such services.**

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other.

Extractions / Oral Surgery: A dental cleaning will be performed for your pet today. In the event that extractions or additional issues are identified, the attending veterinarian will call to discuss recommneded treatment. **If I cannot be reached while my pet is undergoing anesthesia and dental care, ☐ *I consent* ☐ *I do not consent* (check one) to additional extractions at the discretion of the attending veterinarian and agree to pay for all related fees.** Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

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I understand that an estimate of fees for the above dental care may be provided to me should I so request and that I am encouraged to discuss all fees related to such care **before** services are rendered. I agree to assume financial responsibility for the balance of services rendered and agree to provide payment on a cash, credit card or check basis at the time my pet is discharged.

{BESTPHONENUMBERFORTODAY}
Phone number(s) for today

{CLIENTSIGNATURE}
Signature of Owner or Authorized Agent

{CURRENTDATE[SHORT]}
Date