

Dental Procedure Consent Form

Client Information

Owner Name :		Pet Name :	
Drop off Time: :		Pet Age :	
Surgical Procedure : Dental Prophy			

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorize the veterinarian(s) at this practice to perform the above procedures. I understand that some risks always exist with anesthesia and/or dental procedure and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated.

Is your pet on any supplements or medications? Please list all below:

Pre-Anesthetic Blood Testing: Our greatest concern is the well being of your pet. We will be using pulse Oximetry/ECG/BP/temperature to monitor your pet during surgery. This technology along with pre-anesthetic blood screening reduces many of the risks of surgery. Before putting your pet under anesthesia, we will perform pre-anesthetic blood work. Many conditions including disorders of the liver, kidneys and blood may not be detected unless blood testing is performed. If any abnormalities are detected in the blood work the procedure will be postponed and you will only be charged for the blood work as per the provided estimates.

<input type="checkbox"/> I agree to perform blood test	Initial
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Extraction of Teeth: We may find teeth that have irreparable damage, or that have an infected or exposed root. It is also common in younger animals to find deciduous(baby) teeth that are retained. Extractions of diseased,damaged or retained teeth are only performed when medically indicated and can often be the best course of action to ensure your pet’s general health, comfort and good breath. Typical costs range between \$10-\$35 for simple extractions (retained teeth and incisors) and \$50-\$150 for complicated/surgical extractions (molars,premolars,infected teeth etc.). As per the estimates provided, extractions will be performed. If any additional extractions are needed, we would call you and get your approval before proceeding.

<input type="checkbox"/> I agree to perform teeth extraction as per estimate	Initial
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I, being responsible for the above animal, have the authority to grant you my consent to receive treatment, prescribe for and/or operate upon my pet as noted above. You are to use all responsible precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any matter, as I thoroughly understand and I assume all risks. I agree to pay for in full for the services rendered.

Signature :		Date :	
In Case of an emergency where can we reach you?			
Phone :		Cell :	