



### Consent for Dental Care

Client's Name: {FULLNAME}  
Patient's ID #: {PATIENTID}

Pet's Name: {NAME}  
Sex: {SEX}  
Birthday: {BIRTHDATE[SHORT]}

I, the undersigned owner, or owner's authorized agent, of the pet listed above, have been informed that my pet is in need of preventive 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 limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions, 4) dental x-rays, and 5) antibiotic gel implants.

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 attending veterinarian before the procedures are initiated. Should some unexpected emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

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. I consent to additional extractions at the discretion of the attending doctor 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.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I 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.

**DOES YOUR PET HAVE A HISTORY OF SEIZURES? YES OR NO**

Additional services available while your pet is under anesthesia:

- Nail trim: \$19.33       Y     N
- Microchip: \$52.50     Y     N
- Anal Glands: \$27.30    Y     N

Date of procedure:

\_\_\_\_\_  
**Signature of Owner or Authorized Agent**

\_\_\_\_\_  
**Date**

Number where you can easily be reached today(\_\_\_\_) \_\_\_\_\_ call or Text message (circle one)

**\*Remember to withhold food and water after midnight the night before the scheduled procedure.  
\*Please have your pet here between 8:00-8:15 the morning of the dental and be sure to sign all the attached forms and bring them with you.**