



Dental Consent Form

Owner _____ Date _____

Home # _____ Work # _____ Cell/Pager# _____

PLEASE CIRCLE BEST PHONE NUMBER TO REACH YOU TODAY

Pet's Name _____ DOB _____ Species _____ Breed/Color _____ M / F

I am the owner/ agent of the above named animal. I have the authority to execute this consent. I am aware that Dental procedures, including simple and surgical extractions can be associated with risks. I understand that these risks may include bleeding, broken teeth and tooth roots, dry sockets, and damage to surrounding tissues. Rarely, fractures of the jaw bone may occur, necessitating additional work and cost.

I hereby authorize the Pet Partners authorized veterinarian to perform an oral examination including intra-oral radiographs and treatment under general anesthesia on the above named animal and to use the appropriate anesthetics including intra-oral nerve blocks and medications needed for the procedure. I have received and reviewed an estimate for the following procedure(s):

- 1) Cleaning (initial ONE) plus polishing: I authorize
_____ a Dental cleaning by Ultrasonic Scaling
_____ a Dental cleaning by Hand scaling (rarely offered with veterinarian approval only)

- 2) Extractions (initial ONE):

Note: The fee for extractions is in addition to the costs of the intra-oral radiographs, dental cleaning and anesthesia.

_____ I authorize all tooth extractions deemed necessary be performed by the attending veterinarian.

_____ I authorize all tooth extractions deemed necessary up to \$ _____ (maximum amount I am willing to spend today on extractions in addition to anesthesia and assessment).

If additional work is necessary, please call and if I am unable to be reached in 15 minutes, I realize the work will have to be rescheduled (and the total cost will be increased).

_____ I request a phone call prior to any extractions.

I understand if I cannot be reached in 15 minutes, additional recommended work will have to be rescheduled and will increase the total cost.

- 3) Oral Cavity Procedures (initial if authorizing)

_____ I authorize additional oral cavity procedures _____.

- 4) _____ Facial grooming- I authorize shaving of muzzle fur for dogs

SIGNATURE OF OWNER/ AGENT _____ **DATE** _____

Name if other than owner _____ Witness _____