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Consent Form for Oral Health Procedure

Client name: _____
Pet's name: _____
Species: _____ Breed: _____
Color: _____ Age: _____ Sex: _____

Procedure(s) to be performed: _____

I, the undersigned owner or owner's agent of the pet named , certify that I am _____ eighteen years of age or over. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by the technical staff at . These procedures include but are not limited to the following: dental prophylaxes (routine teeth cleaning and polishing), dental radiographs, extractions & gingival surgery, and/or antibiotic gel treatment.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization & access to 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 including but not limited to: systemic infection, bleeding gums, sinus infection, bone fracture, seizures, brain embolism and death. I have been encouraged to discuss any concerns I have about those risks with the staff before these procedures are initiated.

_____The staff has my permission to provide any life-saving emergency care if it should be required, and I agree to pay for such services.

_____I elect not to have my pet revived if he/she should need life-saving emergency care. Please do not resuscitate my pet with CPR or other means.

I have been informed that examinations under anesthesia often reveal additional procedures that may need 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. Nevertheless, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

_____An estimate for the initial cost for today's services has been provided to me. I understand that additional recommendations may be made after the cleaning & evaluation.

_____Please call me with an estimate for today's initial procedures before proceeding.

Please leave a phone number where you can be reached during the dental procedure. If we are unable to reach you we will wake your pet after completing the approved procedures. Advanced Animal Care Centre closes at 6:30 pm.

Signature of Owner or Agent

(emergency phone number)

