



Dental Consent Form

Date _____

OWNER: _____

PATIENT: _____

PROCEDURE: Ultrasonic dental scaling and polishing

EXTRACTIONS - YOU MUST INITIAL ONE OF THE FOLLOWING OPTIONS

Tooth Extractions - Tooth extractions are often necessary in pets with moderate to severe dental disease or fractured teeth. These can vary from minor single rooted incisors and premolars to major (double and triple rooted) premolars and molars. Some major tooth extractions may also require gingival tissue surgery. Most extractions also need additional anesthetic time. Often, the amount of dental work necessary can only be determined under sedation, at which a full probe of the oral cavity can be performed.

_____ I authorize the doctors of My Pet's Vet permission to perform any oral surgical procedures (tooth extractions, growth removal, etc) deemed necessary by our DVM. I approve any additional cost resulting from these procedures up to:

\$200.00 \$500.00 No limit

_____ I want to be contacted prior to any additional procedures. By choosing this option, I fully understand that my pet will be under anesthesia longer and I accept responsibility for the increased medical risk and /or cost. I understand that I need to be available to be reached by phone and if I cannot be contacted within fifteen (15) minutes my pet will be wakened from anesthesia and we will not be able to perform any additional procedure during this appointment. If I choose to have the procedure performed at a later time, I understand there will be additional anesthesia and surgical costs.

POSSIBLE COMPLICATIONS:

_____ I understand there are possible complications and follow-up home treatment after dental cleaning including bleeding of the gums (1 to 2 days), infection, and pain/anorexia.

Signed Owner _____ Contact Phone Number _____