

Consent for Dental Care

Client's Name: _____ Pet's Name: _____

I, the undersigned owner, or owner's authorized agent, of the above pet certify that **I am over eighteen years of age**. I 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 or technicians at this facility. These procedures include but are not limited to the following: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions, 4) dental x-rays, 5) packing with bone regrowth stimulant (Consil), and 6) 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 these procedures are initiated. Should some unexpected life-saving 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 and dental x-rays 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. All questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

_____ I authorize the doctor to extract teeth as deemed necessary. I agree to pay for these additional services.

_____ I wish to be contacted before any teeth are extracted.

_____ If Log Cabin Animal Hospital is unable to reach me, I authorize the doctor to extract any teeth deemed necessary. I will pay for these additional services.

_____ If Log Cabin Animal Hospital is unable to reach me, I **do not** authorize the doctor to extract any teeth deemed necessary. No dental extractions will be performed, my pet will be woken up from general anesthesia, and my pet will need to return for another procedure.

****It is our hospital policy that all pets staying with us must be current on the following 2 immunizations:**

"Distemper" (DHLPP for dogs/RCP for cats) and Rabies. These vaccinations must have been given by a licensed veterinarian. This is for the protection of our staff and the other pets in our care.***

FLEA FREE POLICY: If fleas or flea dirt are discovered on your pet, we will treat them and add the cost of treatment to your invoice.

**I hereby consent and authorize the doctors and staff of Log Cabin Animal Hospital to perform on my pet general anesthesia, a comprehensive oral health assessment and treatment as described above, plus any of the following services:

_____ Vaccine(s): _____

_____ Dewormer

_____ Intestinal Parasite Screen

_____ Permanent ID Placement (Microchip)

_____ Heartworm and/or Flea/Tick Prevention:

_____ Other:

_____ None

Consent Signature _____

Date _____

Contact phone number for the day: (_____) _____ -

(_____) _____ -
