



## 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 these risks may include broken tooth roots, bleeding, dry sockets, and damage to surrounding tissues. Rarely, fractures of the jaw bone may occur, necessitating additional work and cost. I understand that Pet Partners does not have dental radiographic equipment available and tooth root remnants, decay and/or fractures may be missed on visual and manual examination. I have declined referral to another facility for dental radiographs prior to this procedure.

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

1) Cleaning (initial ONE):

\_\_\_\_\_ I authorize a Dental cleaning by Handscaling or  
\_\_\_\_\_ Ultrasonic Scaling and Polishing

2) Extractions (initial ONE):

**Note: The fee for extractions is in addition to the costs of the 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).

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 \_\_\_\_\_.

**SIGNATURE OF OWNER/ AGENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Name if other than owner \_\_\_\_\_ Witness \_\_\_\_\_



**Dental Care of your dog/cat after surgery:**

1. Keep your dog in a quiet, warm place until they appear fully alert and walking well on its own.
2. Keep your dog away from stairs and small children or other pets for at least 24 hours.
3. Offer your dog a small amount of water and food around 8:00 pm. If you normally feed canned food, give only a small amount. If you feed dry food, it must be softened in warm water. In either case, you should feed the food that your pet normally eats and is used to. Abruptly switching diets may cause other acute health problems such as vomiting and/or diarrhea.
4. Do not be alarmed if he/she is not interested in food until tomorrow. If your dog vomits, take the food and water away and offer it again in the morning, also in small amounts. If your dog does not want to eat anything the day following surgery or continues vomiting, please call us.

**Recovery Period:**

Some bleeding is normal after any dental procedure. Heavy bleeding should be reported immediately.

During the recovery period, it is very important that you do not allow your pet to chew on anything hard or sharp. The gums have not yet healed and can be easily injured.

**Please call us if:** if your dog is not eating/drinking or is vomiting the day after surgery  
if your dog is vomiting or has diarrhea after Previcox is given

Special Instructions for \_\_\_\_\_

Feed \_\_\_\_\_ Food x \_\_\_\_\_ days/weeks

Recheck \_\_\_\_\_ with technician/veterinarian