

Dental Treatment Consent Form

Owner's Name: _____ Date of scheduled procedure: _____

Patient's Name: _____

Prior to beginning your pet's dental procedure and at your request, we can provide an estimate of costs expected to be accrued. It is not uncommon, however, that additional findings can arise once your pet is under anesthesia. If necessary, extractions may be recommended.

I authorize Pet Central Animal Hospital to perform the following procedures:

- General Anesthesia
- Ultrasonic scaling, polishing, and sealing.
- Necessary tooth extractions; including ones that may not have been previously identified.

Factors that limit our ability to detect dental related complications may include:

- Patient cooperation. If your animal is not cooperative prior to being medicated, the Veterinarian's capacity to visualize the back of the mouth as well as any problems with the teeth, gums, or tongue, may be reduced.
- Instruments and Imaging. Many periodontal problems of the tooth can only be detected by probing under the gums with a dental instrument or dental x-rays.
- Cavities can be hidden by dental tartar.

If I am unavailable when you call, please:

- Perform the necessary procedures.
- Do only what I have authorized. I understand that my pet may have to undergo another anesthetic experience to complete the dental treatment.

Signature: _____ Today's date: _____

Best phone number to reach you at today: _____