

Consent Form for Dental Cleaning and/or Extractions

Pet's Name: _____ Owner: _____

Species: _____ Breed: _____

Age: _____ Sex: _____

I, the undersigned owner or owner's agent of the pet named, certify that **I am _____/I am not _____** 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 staff veterinarians at Hope Mills Rd Animal Hospital. These procedures can include but are not limited to the following: 1. dental prophylaxis (routine dental cleaning and polishing), 2. extractions, 3. gingival flap surgery to close gaps left by extractions, and/or 4. 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 the attending veterinarian before the procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to contact me, the staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I understand that this is a rough estimate based on a limited visual examination. I have been informed that sometimes with dental disease, existing problems may not be revealed until a more thorough examination under general anesthesia is performed. I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone and/or internal organs. 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 bone may occur, necessitating further work. At our hospital, every effort is made to predict and avoid these complications, but unforeseen events may occur.

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Please read and initial one of the options below:

_____ No need to call me before proceeding. I give my consent to have the doctor use their professional judgment and proceed with all necessary procedures, including unforeseen tooth extractions as determined by the attending doctor.

_____ Please, call to inform me of the need for additional procedures or extractions. If the veterinarian is unable to contact me at the phone number I have provided I give permission for him/her to proceed in the best interest of my pet. I understand that this will result in additional charges that will be due at the time of completion of treatment.

_____ Do not perform any additional services without my verbal permission. Please, call me before proceeding with any additional procedures or extractions. This is to include unforeseen tooth extraction(s), if needed. I understand that if I cannot be reached, no additional work will be performed and may have to be completed at a later date. I am aware that the doctor may determine under a more thorough examination that teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed.

By signing below, I agree that all questions and concerns I have about the recommended dental procedure have been answered to my satisfaction. Should more advanced dental problems be detected or arise during the procedure that need to be addressed, additional fees may be assessed. I agree to assume financial responsibility for the any such fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

Signature of Owner or Agent

Date

Printed name of owner