



Warren Woods Veterinary Hospital
 29157 Schoenherr Road
 Warren, MI 48088
 Telephone: 586-751-3350 Fax: 586-751-3447

DENTAL CONSENT FORM

Patient: _____ Owner or Responsible Party: _____

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia. Before putting your pet under anesthesia, we will perform a full physical examination. We will also run a pre-anesthetic blood profile to maximize patient safety and alert the doctor to the presence of dehydration, diabetes, kidney, and/or liver disease that could complicate the procedure. These conditions may not be detected without the aid of blood work. These tests are similar to those your own physician would run if you were to undergo surgery.

We extract teeth only when we believe it is medically necessary for the well-being of your pet. If your pet does need to have extractions, we will contact you and give you an Oral Surgery Treatment Plan. Your approval ahead of time decreases the length of time your pet is under anesthesia. This can be discussed with a technician at your drop off appointment. If we are unable to contact you to discuss the treatments necessary for your pet, we will proceed with recovery of your pet and another anesthetic procedure will be scheduled for a later date.

We recommend giving Oravet Dental Hygiene Chews to your dog once daily to help with plaque prevention and removal of calculus. The chews will form a protective barrier against the bacteria that lead to plaque, tartar and bad breath. Please circle one of the following:

ORAVET CHEWS (Box of 30) APPROVE DECLINE

ORAVET CHEWS (3 Day Trial) APPROVE DECLINE

While your pet is under anesthesia, there is another service we may easily provide for your pet. It is a permanent identification, the AVID micro-chip which is injected under the skin between your pet's shoulders. This is the implantation fee. There is an additional registration fee through AVID that is completed by the owner. Please circle one:

AVID MICROCHIP-COST \$42.00 APPROVE DECLINE

I authorize the above named anesthesia procedure to be performed at Warren Woods Veterinary Hospital. The nature of such service has been described to me to my satisfaction and I realize that no guarantee can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered. **I have provided proof that my pet has been vaccinated against rabies or I authorize Warren Woods Veterinary Hospital to vaccinate my pet for rabies.**

Signature_____ Date_____

Phone number(s) where you can be reached today: _____

Would you like to be texted once procedure is done? _____

Please list all medications your pet is currently taking at this time: _____

Is there anything else we should know about your pet?
