



Date: _____
 Client Name(s): _____
 Phone Number: _____ Address: _____
 Patient Name: _____

Procedure: Dental Assessment, Cleaning, and Treatment

Please review the following consent form. If you have any questions, please ask the receptionist or the doctor.

1. I am the owner or agent for the above listed animal. I have the authority to execute this consent and am eighteen years of age or older.
2. I consent to and authorize the above procedure(s). I have been advised of the nature of the procedure(s) and the risks involved. I realize that the results cannot be guaranteed.
3. I authorize the use of appropriate anesthetics and other medications. I understand that anesthesia does present a risk to my pet's life, and I accept that risk as a part of the procedure(s). *To help reduce the risks involved with anesthesia we recommend a pre-surgical blood screen to evaluate your pet's internal status. This test checks kidney and liver function (these systems metabolize the anesthesia), a complete blood count (this would alert us to any infection, clotting problems, or anemia), and blood glucose level (blood sugar).*
 - YES, I would like a pre-surgical blood screen run on my pet.
 - NO, I would not like a pre-surgical blood screen run on my pet at this time.
4. As part of your pet's dental procedure we recommend starting the OraVet plaque prevention system. The OraVet system is a tooth sealant, shown to reduce plaque buildup by 50%. The initial application is applied in the clinic after your pet's teeth have been cleaned. Your pet will be sent home with OraVet plaque prevention gell which is recommended to be used once a week starting two weeks after the initial application.
 - YES, I would like the initial application of OraVet, as well as the OraVet homecare kit.
 - NO, I would not like OraVet applied at this time.
5. I understand that dental procedures do not typically require post surgical pain medication. *However if your pet needs extractions we do recommend pain medication.*
 - YES, I would like presurgical and post surgical pain medication for my pet..
 - NO, I would not like post surgical pain medication even if extractions are necessary.
6. I understand that during the performance of the above-listed procedure(s) unforeseen conditions may be released that necessitate an extension of the above procedure(s) or different procedures than those set forth above. Thereby, I consent to and authorize the performance of such procedures as are necessary and desirable in the exercise of the veterinarian's professional judgement.
7. I understand that payment in full is expected at the time of dismissal. Any other billing arrangements must be made in advance.
8. I have read and do understand this consent and hereby voluntarily execute my consent.

What medications is your pet currently receiving (including vitamins and supplements)?

Medication	Dose	How often	Time of last dose	Need Refill

Signature _____ Date _____