

Client Name(s):Phone Number: Patient Name:Procedure: Dental Asses	sment, Cleaning, a	Address:			
Procedure: Dental Asses					
Please review the following	g consent form. If you		please ask the reception	nist or the doctor.	
I am the owner or age years of age or older.	I am the owner or agent for the above listed animal. I have the authority to execute this consent and am eightee years of age or older.				
	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.				
a risk to my pet's life, anesthesia we recommend kidney and liver function to any infection, clotting YES, I would	and I accept that risk mend a pre-surgical on (these systems m og problems, or anen like a pre-surgical bl	as a part of the proced blood screen to evaluat	lure(s). To help reduce le your pet's internal sta ia), a complete blood co level (blood sugar). pet.	anesthesia does present the risks involved with tus. This test checks ount (this would alert us	
clinic after your pet's t which is recommende YES, I would	oth sealant, shown to eeth have been clea d to be used once a	o reduce plaque buildup ned. Your pet will be so week starting two week ation of OraVet, as well	o by 50%. The initial appent home with OraVet pass after the initial applicate	plication is applied in the plaque prevention gell ation.	
needs extractions we	do recommend pain like presurgical and	t typically require post s medication. post surgical pain medi pain medication even if	cation for my pet		
released that necessit	ate an extension of t sent to and authorize		or different procedures		
7. I understand that payr made in advance.	nent in full is expecte	ed at the time of dismiss	sal. Any other billing arr	angements must be	
8. I have read and do un	derstand this conser	nt and herby voluntarily	execute my consent.		
What medications is your p	net currently receivin	a (includina vitamins an	nd sunnlements)?		
	-	• • •	, ,	Nood Dofill	
Medication	Dose	How often	Time of last dose	Need Refill	
Signature			Date		

Date: