

**Your Pet Should Be Ready to Go at
4:00pm unless the Doctor Advises
Otherwise; Please Call to Confirm**

Patient Label Here

DENTAL CONSENT FORM

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY:

The Veterinarian may need to call you while your pet is sedated. Being able to make contact with you during the procedure is extremely important. Please let us know the best possible contact number to reach you.

HOME: _____ **WORK:** _____ **CELL:** _____

All pets admitted to the Hospital must be current on their rabies and distemper series, kennel cough and flu vaccinations. A copy of a current rabies certificate or confirmation by telephone from the veterinarian administering the vaccination is proof of rabies vaccination; a rabies tag is not acceptable. Any animals found to be harboring external parasites will be treated at the owners' expense.

My pet has/has not/unsure had any food within the last 12 hours. (PLEASE CIRCLE ONE.)

In order to perform these dental procedures your pet will be placed under general anesthesia. In some cases, we discover that extractions are necessary in the course of the procedure, while he or she is still under general anesthesia. These extractions will be done only if, in the opinion of the Veterinarian, they are medically necessary. Do we have your permission to perform these extractions?

Please initial: (YES) _____ **(NO)** _____.

If extractions are required, pain medication may be recommended for your pet. This will be dispensed at an additional cost. If gum disease is found, antibiotics may be prescribed for your pet. This will be dispensed at an additional cost.

The following procedures may be easily performed while your pet is sedated:

| | | | | | |
|----------------------------|----------------|-------|---------------------|----------------|-------|
| NAIL TRIM | \$21.00 | _____ | MICROCHIP | \$42.00 | _____ |
| EXPRESS ANAL GLANDS | \$31.50 | _____ | DREMEL NAILS | \$35.00 | _____ |

DATE: _____ **OWNER'S SIGNATURE:** _____