Patient Label Here

## **DENTAL CONSENT FORM**

PHONE NUMBER WHERE YOU CAN BE REACHED TODAY:

HOME:	WORK:	CELL:
series and kennel cou confirmation by telep proof of rabies vacci	igh vaccinations. A cophone from the veterin	current on their rabies and distemper opy of a current rabies certificate or narian administering the vaccination is not. Any animals found to be harboring ners' expense.
My pet has/has not/u	insure had any food w	ithin the last 12 hours. (PLEASE CIRCLE ONE.
anesthesia. Preanesth an indication of the liv the anesthetic agents.)	etic blood tests are one yer and kidney function This testing is availab	ociated with both the dental procedure and means of reducing this risk, as they give us (the means by which the body metabolizes le at a cost of \$55.00. Because of the is required for all pets over the age of 6.
I acceptdee	clinethis testi	ng.
anesthesia. In some c procedure, while he or done only if, in the op	ases, we discover that e	our pet will be placed under general extractions are necessary in the course of the ral anesthesia. These extractions will be in, they are medically necessary. Do we tions?
Please initial: (YES)	(NO)	·
will be dispensed at a prescribed for your pe	nn additional cost. If g t. This will be dispens	n may be recommended for your pet. This gum disease is found, antibiotics may be sed at an additional cost.  rformed while your pet is sedated:
<b>.</b>	.00MICROCHIP \$3	31.00EXPRESS ANAL GLANDS \$25.00
DATE:	OWNER'S SIGNA	ATURE: