

Pet's Name: _____ Species: _____ Weight: _____ Color: _____ Sex: _____ Age: _____

Pet Medical Center of Duncanville
Dental Consent Form

I hereby consent and authorize the performance of a dental prophylaxis on my pet.

I understand that a thorough exam of the oral cavity requires sedation. Therefore, my pet will be anesthetized and the teeth cleaned and polished. The doctor will thoroughly examine the teeth and oral cavity for abscessed or broken teeth, tumors, or any other abnormal conditions. The doctor or a member of the support staff will call me at the number I have supplied below to inform me of additional treatment, if necessary, and fees for these services. I hereby consent to and authorize the performance of necessary procedures upon being notified by telephone. I realize that if I am unreachable those procedures required for my pet's well-being might be done without my prior consent, if deemed necessary by the veterinarian. I authorize the use of appropriate anesthetics and, if necessary, the use of other medications, such as antibiotics and pain management. I understand that hospital support personnel will be employed as required. I realize that the results cannot be guaranteed. This hospital uses Sevoflurane anesthesia, places IV catheters and administers IV fluids during all surgical procedures unless medically contraindicated.

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

DATE DAYTIME PHONE SIGNATURE OF OWNER OR AGENT

PLEASE PRINT NAME

ACCEPT DECLINE (PLEASE INITIAL THE BOX)
 Home Again: Permanent microchip identification. \$49.50
 OraVet Dental Application
 ******I understand that vaccinations, fecal testing and deworming must be current for my pet to stay in the clinic. (This is for the protection of your pet as well as the protection of the other animals in the clinic.)**
IF YOU DO NOT HAVE PROOF OF VACCINATIONS, FECAL TESTING AND DEWORMING, THE APPROPRIATE VACCINATIONS WILL BE GIVEN TO YOUR PET TODAY!!!

***** IF I CANNOT BE REACHED AT THE TIME OF THE DENTAL PROCEDURE*****

_____ I request that the doctor do nothing other than a routine cleaning and any procedure I have authorized specifically on the attached estimate. I understand that another anesthetic procedure will be necessary to complete additional procedures if not completed today.
_____ I request that the doctor do only those procedures deemed immediately necessary for my pet's comfort with a price limit of (example: an infected tooth or something that is causing an immediate problem) \$_____.
_____ I request that the doctor do any extractions or procedures necessary including procedures that may prevent future problems. Up to \$_____.

Owner called during dental procedure by _____ at _____ AM/PM.

Talked to owner _____ Owner authorized dental extractions _____
Left message _____ Owner declined dental extractions _____
No answer/No machine _____