



DENTAL CONSENT FORM



Date: ____/____/____

Owner's First Name: _____ Last Name: _____

Pet's Name: _____ Dog or Cat? _____ Age: ____ months or years

Other procedure(s) besides a dental also needed: _____

PRE-ANESTHETIC BLOOD TESTING

Blood work gives us an insight on how your pet's internal organs are functioning as well as any concerns with the blood such as infections or anemia. If any abnormalities exist, it could adversely affect how your pet handles the anesthesia. This blood work is strongly recommended for all pets but it is required on all Senior patients (7 years of age or older).

*Please call our office for the current price of pre-anesthetic blood work.

_____ **YES**, I want my pet to have a pre-anesthesia blood screen.

INITIALS

_____ **NO**, I do not want my pet to have a pre-anesthesia blood screen.

INITIALS

_____ My pet has had blood work within the last 12 months.

INITIALS

VETERINARY DENTIST REFERRAL

During the course of a dental cleaning it is often discovered that a pet has one or several teeth that may need further treatment such as a root canal, a filling, or other periodontal procedure. For those clients interested in saving the teeth and pursuing other options we can complete the dental cleaning procedure then refer your pet to a veterinary dentist located in south Arlington for those teeth in question. If you select the option below to be referred we will provide you with the name and phone number so that you may set up an appointment with the dentist at your convenience. Please select your choice below.

_____ **YES**, I would like a referral to the veterinary dentist. Do **NOT** pull any teeth.

INITIALS

_____ **NO**, I do not want a referral to the veterinary dentist. Please extract any teeth deemed necessary by the veterinarian on duty. **See note below.***

INITIALS

**Please be aware that it is not uncommon for a pet with dental disease to need many extractions, even as many as 8-10 or more. Leaving diseased teeth in that cannot be saved are painful for your pet and continue to cause health issues. FYI: Adult dogs have 42 teeth and adult cats have 30 teeth.*

PET'S NAME: _____

Pet's First and Last Name: _____

MICROCHIPPING

Microchipping provides a safe, simple and permanent form of pet identification designed to quickly identify lost pets and reunite them with their owners. While your pet is under anesthesia we can implant the microchip giving you peace of mind knowing your pet has a better chance of being returned home should he/she ever get lost. Anesthesia is NOT required for microchipping. Should you decide to do this later, it can be done as a regular office visit without anesthesia.

We take care of all the paperwork for you!

*Please call our office for the current price of a microchip for your pet.

Would you like your pet to have a microchip implanted today ?

_____ **YES** I want my pet to get a microchip.
INITIALS

_____ **NO** I do not want my pet to get a microchip.
INITIALS

_____ My pet already has a microchip.
INITIALS

Please know that while we take great care in reducing the spread of infections, should your pet not be current on his/her vaccinations we will not be held responsible for any illnesses contracted related to vaccines while they are in our facility.

I have been advised as the nature of the procedure(s) and the risks involved. I understand that complications including but not limited to infections, cardiac arrest and death could result. I acknowledge that no guarantee has been made as to the result or care.

I assume full financial responsibility for this animal and agree to pay in full at time of release unless other financial arrangements have been made prior to this procedure.

Owner or Authorized Agent's Signature

Daytime Phone Number

_____/_____/_____
Date

Printed Name