

Dental Consent Form

Owner's Name: _____

Where can we reach you today?

Pet's Name: _____

Work Cell Home (circle one)

All standard dental procedures include: Anesthesia (including pre-medications, induction agent, gas anesthesia, and monitoring), Ultrasonic enamel cleaning above and below the gum-line, rotary polish, and a nail trim.

A dental exam can help us understand your pet's oral health and aspects of your pet's overall health. However, a thorough exam of your pet's mouth, teeth and gums cannot be accomplished without the use of anesthesia. To minimize the time that your pet is under anesthesia, it is important that we have clear instructions from you in advance as to how you would like us to treat any condition.

To minimize your pet's anesthesia time indicate how you would like us to proceed with any conditions we identify, please select one of the options below:

ORAL SURGERY & EXTRACTIONS: Damaged teeth often cause pain and disease in the mouth and at sites distant to it. Damaged teeth usually require surgical extraction. Often, in pets with significant periodontal disease, numerous teeth must be extracted. As in other types of surgery, oral surgery techniques are designed to facilitate healing and minimize pain.

- I prefer that you proceed with all necessary dental procedures.
- I prefer to be called before any additional procedures, other than emergencies. If I cannot be reached, I authorize you to proceed with all necessary dental procedures.
- If I cannot be reached by phone, I do not authorize any unforeseen dental procedures. I understand this may result in needing to reschedule additional dentistry services at a later date.

Should any unforeseen dental procedures be necessary and desirable in the veterinarian's professional judgment, please select one of the options below:

DENTAL RADIOGRAPHS: Radiographs are vital in the evaluation of your pet's dental health to allow detection of problems that cannot be seen during an oral exam, as well as an aid in making treatment strategies and to evaluate treatment outcomes. We perform full mouth or single dental radiographs. **(Dental extractions cannot be done without radiographs).**

- (Full Mouth)** I prefer that you proceed with all necessary dental procedures.
- (Single Tooth)** I prefer that you proceed with minimal dental procedures.
- I do not authorize any dental radiographs. I understand this may result in needing to reschedule additional dentistry services at a later date.

Authorization and Risk Assessment

I understand that during these procedures, great care is taken to ensure my pet's health, but unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) defined above. **I authorize Heartland Veterinary Clinic to perform any additional diagnostic, treatment, or surgical procedure deemed necessary for medical or surgical complications or any unforeseen circumstances.** I understand the risks and understand that the veterinarians and hospital team will do everything possible to reduce any associated risks. I will **not** hold Heartland Veterinary Clinic, the veterinarians, or veterinary team members liable for any complications that may arise. I also understand that **I assume financial responsibility for all services** rendered and that all charges are to be paid at the time of service.

Owner/Agent Signature: _____

Date: _____