

DENTAL CONSENT FORM

Owner's _____ PATIENT _____

I authorize the performance of the following procedures _____

Factors that limit our ability to detect every dental problem your pet may have include:

1. Lack of patient cooperation can impair visualization, especially of the back teeth.
2. Many periodontal problems can be detected only by proper probing under the gum with an instrument.
3. Dental tartar can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, how should they be handled?

(choose one of the following):

- Perform whatever procedures are needed.
- Please, call me. I will be available at the following telephone number: _____
- If for some reason I am unavailable when you call, please:
 - Perform whatever procedures are needed.
 - Do only what I have authorized
- Do only what I have authorized. I understand my pet will have to undergo another anesthetic episode in order to complete the dental treatment.

Signature

Date