



## **Dental Consent Form**

### **Client Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone # to be reached today: \_\_\_\_\_

### **Patient Information**

Patient Name: \_\_\_\_\_ Procedure: \_\_\_\_\_

You have received an estimate showing the treatment plan for your pets anticipated dental needs. We are unable to perform an in-depth oral exam and dental x-rays without sedation, so that limits our ability to know exactly what dental care your pet may need. Once we place your pet under anesthesia, we will perform the oral exam and dental x-rays to let you know what your pets dental care needs are. We will do our best to contact you to go over the costs of those services. Payment is due at the time of service.

Please make sure you are available for us to contact you if you choose to be called first as we are unable to perform services without your authorization and it is unsafe to keep your pet under anesthesia waiting for your authorization. We allow a gracious 10-minute window for you to contact us back.

### **PLEASE INITIAL YOUR PREFERENCES**

\_\_\_\_\_ Yes, I DO authorize extraction(s) and/or additional dental work beyond my current estimate WITHOUT being contacted first.

\_\_\_\_\_ Please call first before extraction(s) and/or additional dental work beyond my current estimate.

\_\_\_\_\_ If I am not able to be contacted by phone, I DO give my consent for the extraction(s) and/or additional dental work of teeth beyond my current estimate.

\_\_\_\_\_ If I am NOT able to be contacted by phone, I do NOT give my consent for the extraction(s) and/or additional dental work beyond my estimate.

*\*Please be aware that if you decline any necessary procedures at this time, or if we are unable to reach you within 10 minutes, this may incur additional charges for another anesthetic appointment and services to get the necessary work done on a different day.*

*Please Initial showing you understand the above statement* \_\_\_\_\_

**Now that your pet will have nice clean teeth, let's keep them that way. Please choose an option below.**

Dental Chews ☐ Water Additive ☐ Toothbrushing kit ☐

Client Printed Name

Signature

Date