



LAKE FOREST ANIMAL HOSPITAL

Consent for Dental Care

Client's Name: _____

Pet's Name: _____

I, the undersigned owner, or owner's authorized agent, of the above pet certify that **I am** over **eighteen** years of age. I have been informed that my pet is in need of preventive or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff veterinarians at this facility. These procedures include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions, 3) dental x-rays, 4) antibiotics and/or sealants, 5) pain medications.

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff at this practice has my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other.

_____ If my pet has more than _____ such teeth that should be extracted, I request that a staff member **contact me** for authorization or information about other options. I **DO NOT** wish for further care without consent.

_____ If I cannot be reached while my pet is undergoing anesthesia and dental care, I **DO** consent to additional extractions at the discretion of the attending doctor and agree to pay for all related fees.

_____ The doctor may proceed with whatever dental care they deem necessary without a phone call to me.

(____) _____ - _____ (____) _____ - _____
Phone number(s) where I can be reached today

Signature of Owner or Authorized Agent

Date