

**Petcare Animal Hospital
2701 So. 7th Street, Terre Haute
(812) 235-1111
Office**

Dental Consent Form

Client # _____

CLIENT NAME: _____

CLIENT PHONE: _____

Your pet, _____, has been scheduled for a dental scaling.

Every step will be taken to ensure your pet's safety during the dental scaling including advanced surgical techniques, anesthetics, and careful monitoring during anesthesia. **In the event your pet experiences pain after the dental, we will administer pain medication as needed at an additional fee.** If you suspect pain after your pet is discharged from the hospital, please notify us so we can dispense the appropriate medication.

We recommend that every pet receive the safety package preanesthetic bloodwork. The safety package ensures that every precaution is taken for your pet during surgery. Please indicate below if you are interested in the safety package for your pet. Our receptionists will be happy to print a price estimate for the services we will be providing. **Payment is expected at the time of discharge unless prior arrangements have been made.**

- Yes, I would like the safety package.
- No, I do not want the safety package.

If the doctor finds that a tooth or multiple teeth should be extracted, please indicate the procedure you would like us to follow (an additional fee will be added for each tooth pulled):

- Pull any bad teeth that need pulled.
- Pull teeth only after the doctor has contacted me. In the event we cannot reach you, the client, we will not pull any teeth.
- Do not pull any teeth under any circumstances.

We recommend laser pain management therapy after a dental procedure. A single session is completed on the same day as the dental procedure it is extremely safe and speeds the healing process while decreasing pain and inflammation.

- Yes, I would like laser pain management therapy
- No, I do not want laser pain management therapy

Even with every precaution, surgery and anesthesia involve risk that could lead to the injury or death of your pet. Please sign to indicate you have read the above and understand the surgical procedure and the possible risks involved.

Pets are released only during regular office hours. If you neglect to pick up your pet within 5 days of discharge, we will consider the pet abandoned, and therefore, we are legally authorized to take appropriate action.

Client Signature _____ DATE: _____