Dental Consent Form

{ID}   {PATIENTID}
{FULLNAME}   {NAME}   {BIRTHDATE[SHORT]}
{ADDRESS1}   {SPECIES}   {SEX}
{PHONENUMBER}   {BREED}   {COLOR}

 The doctors and staff at Hidden Valley Animal Clinic strive to give the best dental care possible to our patients. Unhealthy and diseased teeth can lead to further health complications including heart, liver, and kidney disease. {NAME} will undergo anesthesia for a complete and thorough oral exam which will include scaling tartar, polishing the teeth, and dental radiographs. Dental radiographs help to identify disease that occurs under the gum line, unseen to the naked eye. These radiographs can detect early dental disease such as tooth decay, tooth root fractures, tooth resorption, and abscesses.

After a complete evaluation of {NAME}'s mouth by the Veterinarian, they may recommend extractions. To help us better serve you, **please *initial* one of the following options**:

_____ Yes, I give consent for the doctor to use their professional judgement and extract any teeth necessary to maintain {NAME}'s health.

_____ Yes, I give consent for extractions AFTER I have been called and informed of the situation. If I am NOT available, then I DO give my consent for the doctor to extract any teeth necessary.

_____ Yes, I give my consent for the extractions discussed at {NAME}'s last doctor exam. If there are additional extractions needed, I DO NOT consent for the doctor to extract the teeth unless I give verbal consent. If I am NOT available, then I DO NOT consent for the doctor to extract any additional teeth. I am aware that the doctor's dental examination reveals additional dental disease and my pet may have to undergo anesthesia again in the future. If this box is checked, then the additional teeth will not be removed without verbal consent.

_____ No, I do not give consent for teeth extractions.

I, _____, have read and agree with the above statement(s).

I,_____, am aware that some teeth may be loose due to disease and fall out when scaled to remove tartar.

Signature: _____ Date: _____