

## **Dental Consent Form**

Owner's Name	
Pet's Name	Pet's Weight
000000000000000000000000000000000000000	000000000000000000000000000000000000000
The treatment plan you received for you the true extent of what is needed today your pet's dental problems during the arreasons why some problems can go und	while we try to accurately diagnose wake examination, there are several
<ul><li>teeth in the mouth.</li><li>Many periodontal problems are o with an instrument while the pati</li></ul>	ow for proper visualization of all of the only detected by probing under the gums ient is anesthetized.  erlying cavities or fractures until it is
<ul> <li>Some problems can only be dete</li> </ul>	cted with x-rays.
may need tooth extraction(s), numbing	Iditional dental work is needed. Your pet injection(s), additional pain medication, se additional items can add up to several up to call you for authorization before
If additional problems are detected whil CANNOT BE REACHED, how would you	le your pet is under anesthesia AND YOU like them to be handled?
Perform any procedures nece	essary if I cannot be reached.
Do only what I have authoriz understand my pet may need a second necessary dental treatment.	ed and do not go any further. I anesthetic at another time to complete
Owner signature	Date