



# PALENCIA

*pet clinic*

## Dentistry Consent Form

Date \_\_\_/\_\_\_/\_\_\_ Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

I am the owner or authorized agent for the owner of the above-named pet. I give my consent for Palencia Pet Clinic to perform a dental prophylactic cleaning and other authorized procedures.

I understand that the extent of dental disease cannot be fully determined before the teeth are examined. I understand that estimates are given only for the dental work known to be necessary at the time of the estimate's being created. I understand that, for the sake of your pet, any severely infected teeth will be removed. The cost of their removal and the cost of dental surgeries, such as gingivectomy, subgingival curetting and closed root planing, creating an open gum flap to save other teeth will be estimated at the time of the procedure once a complete oral health assessment has been completed. Local anesthesia will be used for any oral surgery or dental extraction.

I have been advised that anesthesia always involves risk. Our doctors will do everything possible to minimize that risk.

I have not fed my pet since \_\_\_\_\_ PM last night.

Dental x-rays are highly recommended. Full mouth x-rays (14 films) cost \$75.00. This should be done every time a pet is anesthetized for teeth cleaning to assess the inside of the teeth. Do you authorize dental x-rays to be performed on your pet today?  Yes  No

Post-procedure pain control is used anytime we anticipate pain. Any pet with fleas will be treated topically at owner expense. Fees are payable at the time of pickup. Time of pickup will be determined at the procedure's end.

Please provide phone numbers where we can reach you today and mark the first number to call.

Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_