



Battletown
Animal Clinic

Dental Consent Form

Dental Consent Form For: _____ (Patient's name) Date: _____

I hereby authorize and direct the Veterinarians of Battletown Animal Clinic to perform a dental prophylaxis on my animal. I understand that any additional procedures may increase the final cost. I understand that the clinic requires all animals have a recent physical examination, be free of all parasites, and be current on all vaccinations. I realize there is always risk when anesthesia or other medications are used and when a dental is performed. The Veterinarian will do his/her best to minimize these risks. I understand the results cannot be guaranteed.

I understand that some unhealthy teeth may fall out on their own during this dental procedure. If a tooth is found to be unhealthy and needs to be pulled, the Veterinarian will do so. I am aware that any tooth extraction may add to the final cost. Please initial _____.

Procedures and Services: Pre-surgical blood work: These tests are performed to evaluate vital organ function.

Post-Anesthetic Pain Management: WE WILL administer a post-operative pain injection to make recovery easier.

Fluid Therapy: WE WILL administer fluids during and after the surgical procedure to help maintain blood pressure and quicken recovery.

My animal has had nothing orally in the last 8 (eight) hours. Please initial _____.

Consent: I am the owner of the animal named above. I authorize and consent to have the procedure(s) listed above performed.

The nature of such services has been described to me, to my satisfaction, and I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure.

If my animal's condition changes today, attempts will be made to contact me or my authorized agent listed below. However, in the event neither can be reached, I authorize my animal be provided such treatment deemed necessary by the Veterinarian.

Signature: _____

Witness: _____

Date: _____

Home Phone#: _____

Cell#: _____

I can be reached at the following phone number today _____

If you cannot reach me, below is my authorized agent able to make decisions for my animal today

Name: _____ Contact phone number today _____