



Dental Consent

Every client will be provided an estimate prior to dropping off their pet for his/her dental procedure. Each estimate will be prepared accurately as possible, based on what our technician can see. Full assessment of your pet's current oral condition will take place when he/she is placed under general anesthesia. At this time, if it is noticed that extractions, oral surgery, or medications may be needed, the doctor or technician will contact you at the number listed below and will give you a finalized

***In some severe cases, the level of dental and periodontal disease has progressed to such a level, that by cleaning the teeth and removing the plaque, some teeth may actually fall out, without being extracted.*

PREVENTION...the Best Medicine!

Periodontal disease is the biggest problem affecting our pets today. 70% of pets over the age of 3 years have some form of dental disease. Just like us, our pets require a radiograph (x-ray) be taken of the mouth to fully assess the bones that hold the teeth in place, and ensure that there are no root abscess' that we are not visualizing. In doing these radiographs, we can help treat early stages of periodontal disease, so that your pet's teeth will last a lifetime!

- I authorize full mouth dental radiographs to be taken today and have authorized the cost.
- I am aware of the importance of post extraction radiographs, however, I choose to decline all dental radiographs today.

I, _____, understand that by signing this form I am allowing the Doctor and staff at Paradise Pet Hospital to perform the dental procedure as discussed at the time of drop off. I understand that if anything additional is needed during my pet's dental procedure, that I will be contacted at the number listed below.

I, _____, acknowledge that there are risks associated with placing my pet under anesthesia and/or performing dental procedures. I understand that the doctor and staff attending to my pet will have performed all necessary exams and treatments prior to the procedure and should any concerns arise, I will be contacted at the number listed below.

Patient:
Breed:

Age:
Gender:

Contact Number:

Signature

Date