



AUTHORIZATION FOR DENTAL SURGERY / CLEANING

Owner Name _____ Date _____

Patient Name _____ Color _____

1. I hereby consent and authorize Dr. _____ and whomever he may designate as his assistants to perform a dental cleaning, polishing, examination, and charting. If during the course of the procedure, any unforeseen condition arises in addition to those procedures now being contemplated, I further request the veterinarian responsible to do whatever is deemed appropriate and necessary including pain management.
2. All patients must have current vaccinations including Bordetella for all canine patients as well as 'heartworm negative' status.
3. For the safety of your pet, all dental patients must have a 'pre-anesthetic blood panel'. The purpose of these tests is to confirm the ability of the liver and kidneys to eliminate the anesthetic from your pet's blood and be assured of a safe recovery and successful dental procedure.
4. All dental patients must have been on an antibiotic medication for a minimum of 3 days prior to admittance because of the high potential for systemic infection with the cleaning procedure. Unless otherwise prescribed, continuation of those antibiotics will be required for an additional 7 days.
5. Extractions will only be considered if absolutely necessary. If you wish to avoid such procedures, endodontics (i.e. root canal therapy) would be the only other option. This would require a referral to a specialist. *PLEASE ADVISE US ACCORDINGLY WHEN YOU ARRIVE FOR THE APPOINTMENT.*
6. Pain medications, if necessary, and a 'dental kit' will be provided with discharge of your pet. This kit will contain samples of suggested techniques and samples of dental aids in the attempt to minimize the need for further dental procedures. Please take advantage of these samplings by testing their acceptance with your pet.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE.

Signature _____ Phone _____ (W)
 _____ (H)
 _____ (C)