



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 Shoreline Veterinary Hospital 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 my 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 may be used for 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.

My pet is currently on the following medication(s):

Medication	Time when last dose was given
_____	_____
_____	_____
_____	_____

Pain control is used with all surgeries before your pet is anesthetized. All pets are monitored electronically and visually by our doctors and staff while they are anesthetized. Time of pickup will be determined at the procedure's end. Any pet with fleas will be treated topically at owner expense.

Please provide the best phone numbers where we can reach you today.

Best Number to Call: _____ Texting okay? _____

Emergency contact (in event we cannot reach you): _____ Phone: _____

In the rare event of an emergency, I authorize the doctors and staff of Shoreline Veterinary Hospital to provide the necessary critical care and resuscitation for my pet. I understand this may incur additional costs to me. (Please initial one). Yes No

I have been provided with an estimate of costs for today's services. Yes No

Signature _____ Date ___/___/___