

Date: \_\_\_\_\_

## DENTAL CONSENT FORM

Pet Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Your pet is here for a dental cleaning today. \_\_\_\_\_ will be having their teeth ultrasonically scaled, polished, checked for pockets of infection and other oral abnormalities.

We recommend **all cats** have full mouth x-rays to check for resorptive lesions, which break down the enamel of the tooth, most often under the gumline, causing bacteria to infest and further decay the tooth. This is very painful, and can be found and eliminated with dental x-rays and extracting the affected teeth.

**In dogs**, if pockets, fractures, or other abnormalities are found, we recommend taking x-rays. This will allow us to see the roots and determine if the tooth needs to be extracted or if it is healthy enough to stay.

### Authorization for digital dental xray: Please check ONE

I authorize the Dr to take x-rays if necessary (\$55)

OR

I would like to be called if x-rays are necessary

(Please be available at an emergency number if you choose this option!)

### Authorization for dental extractions: Please check ONE

I authorize the Dr to extract teeth if necessary

(I understand this may be above the estimate given)

OR

I would like to be called if extractions are necessary

(Please be available at an emergency number if you choose this option!)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Number: \_\_\_\_\_