**Pfister Animal Hospital Consent for Dental Care**

Client’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned owner or authorized agent of the owner, of the above pet, have been informed that my pet is in need of preventive or therapeutic dental care and hereby consent to the appropriate procedures described to me by staff veterinarians at Pfister Animal Hospital. I am aware that dental procedures for animals require the use of anesthesia to maximize visualization of the gums, teeth, and oral cavity, minimize movement and discomfort, and provide for the safety of the pet, doctors, and hospital staff. These procedures include but are not limited to the following: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions, and 4) dental x-rays.

I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before these procedures are initiated. Should some unexpected life-saving emergency care be required, and the attending veterinarian is unable to reach me, the staff at this practice **has \_\_\_\_ does not have \_\_\_\_ (initial one)** my permission to provide such treatment and I agree to pay for such services.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

* Examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone.
* Loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other.

I request that a staff member contact me for authorization of extractions or information about other options **\_\_\_\_(initial)**. If I cannot be reached while my pet is undergoing anesthesia and dental care, I consent to additional extractions at the discretion of the attending doctor and agree to pay for all related fees.

Please perform the following additional procedures on my pet while he/she is hospitalized (please initial your request):

Nail Trim \_\_\_\_ Vaccinate \_\_\_\_ Microchip \_\_\_\_ Anal Glands \_\_\_\_ Ear Cleaning \_\_\_\_

I have read and understand the nature of the above procedures and give my consent to proceed.

( ) Or ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone numbers where I can be reached today**

**Call or Text? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Owner or Authorized Agent Date**