



Pet Central Animal Hospital

Dental Treatment Consent

Your Name (Print) _____

Date _____

Your Pet's Name _____

You will be provided an estimate of costs expected to be incurred prior to us beginning your pet's dental work. It is not uncommon, however, that we find additional problems once your pet is anesthetized and if necessary extractions will be recommended.

I authorize Pet Central to perform the following procedures:

- General Anesthesia
- Ultrasonic scaling, Polishing, and sealant application
- Necessary tooth extractions

Factors that limit our ability to detect every possible dental problem that your pet has may include:

- Lack of Patient cooperation. This can reduce the Veterinarian's capacity to visualize the rear of mouth and any problems with the back teeth, gums or tongue.
- Many periodontal problems of the tooth can only be detected by probing under the gum with a dental instrument.
- Cavities can be hid by dental tartar.

If further problems are revealed while your pet is under anesthesia, choose one of the following:

- Perform whatever procedures are needed
- Please call me. Phone # _____

If I am unavailable when you call, please:

- Perform the necessary procedures
- Do only what I have authorized. I understand that my pet may have to undergo another anesthetic experience to complete the dental treatment.

Signature _____