

# Trinity Animal Hospital Dental Consent Form

Client: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

***My pet is presented today for a dental cleaning procedure. The dental cleaning procedure includes:***

Pre-operative blood work	Ultrasonic Scaling, Polishing, and fluoride treatment
IV fluid treatments	Hospitalization
General anesthesia and monitoring	Pre- and post-extraction dental radiographs
Extractions and periodontal treatments depending on the severity of the disease.	

I request printed images of my pets' dental radiographs. \_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

***The following items are generally not included with basic dental procedures:***

I request a root canal rather than extraction of any appropriate teeth.

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ **Call First** \_\_\_\_\_ **at Veterinarians discretion.**

I authorize dental bonding of any fractured teeth.

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ **Call First** \_\_\_\_\_ **at Veterinarians discretion.**

I authorize any other necessary procedure(s) that the doctor may recommend while <animal> is under anesthesia.

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ **Call First**

I understand that in order for my pet to undergo a procedure here at Trinity Animal Hospital he/she must be protected against communicable diseases and must be free of internal and external parasites. If my pet is in need of treatment we will treat upon entry to the facility or upon discovery at my expense.

\_\_\_\_\_ **Accept**

I understand that the above items I have approved will incur additional fees.

\_\_\_\_\_ **Initials**

*I authorize Trinity Animal Hospital to perform the following procedure(s):*

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

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

I can be reached today at:

Phone: \_\_\_\_\_ between the hours: \_\_\_\_\_

Phone: \_\_\_\_\_ between the hours: \_\_\_\_\_

If vaccinations were performed elsewhere, I will provide written documentation of the rabies vaccine administered by a licensed veterinarian within 24 hours in the event my pet should bite any person or other pet while on the hospital premises.

I am over 18 years of age and authorized to execute this consent form.

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Should my pet experience a cardiovascular emergency, I request the following action be performed, at my expense.*

\_\_\_\_\_ **Permit Natural Death**

\_\_\_\_\_ **External CPR**

\_\_\_\_\_ **Internal CPR**