

RIVERVIEW ANIMAL HOSPITAL

Consent for Dental Care

Client's Name _____ Pet's Name _____

I, the undersigned owner, or owner's authorized agent, of the above pet certify that **I am / I am** not (circle one) over **eighteen** years of age. I 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 Riverview Animal Hospital. These procedures include but are not limited to the following: 1) dental prophylaxis (routine teeth cleaning and polishing), 2) extractions, 3) oral surgery to close gaps left by extractions, and 4) dental radiographs.

My veterinarian has highly recommended digital dental radiographs as an important diagnostic tool to evaluate the internal anatomy of the teeth, the roots and the bone that surrounds the roots. I understand that without having dental radiographs performed I agree to hold harmless Riverview Animal hospital, including its doctor(s) and staff, from any medical complications that might have been detected, avoided, or treated had digital dental radiographs been performed. I authorize the following radiographs of my pet to be taken:

- ☐ Full Mouth Digital Dental Radiographs
- ☐ Doctor Discretion Digital Dental Radiographs (To be determined at time of procedure)
- ☐ I decline Dental Radiographs altogether and understand the risks

I am aware that dental procedures for animals require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. 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 my permission to provide such treatment and I agree to pay for such care. I accept that veterinary medicine is an inexact science and that no guarantee of successful treatment has been made.

I have been informed that 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. I also have been informed that the 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. If my pet has more than _____ (**fill in blank with a number**) such teeth that should be extracted, I request that a staff member contact me for authorization or information about other options. 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. Otherwise, all questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

(_____) _____ - _____ (_____) _____ - _____
Phone number(s) where I can be reached today

Signature of Owner or Authorized Agent

Date