



Consent Form for Dental Care

Client's Name: _____ Pet's Name: _____

Procedure(s) to be performed: _____

- I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or older. I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by the staff veterinarians of Society Hill Veterinary Hospital. These procedures include, but are not limited to: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) gingival flap surgery to close gaps left by extractions, 4) dental radiographs, 5) antibiotic gel implants, and/or orthodontic work.
- I am aware that dental procedures for pets require the use of anesthesia. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the attending veterinarian is unable to reach me, the Hospital staff has my permission to provide such treatment and I agree to pay for such care.
- 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 the surrounding bone. I am also informed that the loss or removal of one or more unhealthy canine teeth rarely allows for a protrusion of the tongue. Nevertheless, all questions and concerns I may have about the recommended dental procedure(s) have been answered to my satisfaction.
- I understand that an estimate of fees for the above dental care will be provided upon request and that I am encouraged to discuss all fees related to such care before services are rendered. I assume financial responsibility for all fees and will provide payment by cash, credit card, or check at the time my pet is discharged.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent: _____ Date: _____

Phone number at which Owner or Agent can be reached: _____

Thank you for giving us the opportunity to care for your pet. Please bring this form with you to your scheduled appointment.

