



ANIMAL MEDICAL CLINIC

Dental

Consent Form

4020 South Babcock Street
Melbourne, FL 32901
Animal-Medical-Clinic.com

Owner: _____

Pet's Name: _____

I am the owner of the above named animal or am responsible for it and have authority to execute this consent. I am over eighteen years of age.

I authorize the performance of the following procedure(s): Dental Exam, Cleaning and Polishing, with radiographs and extractions as needed.

I hereby consent to the hospitalization of the above named animal, and authorize the doctor and staff to administer any medication, tests, or surgical procedures that the doctor deems advisable for the health, safety or well being of my pet. I also authorize the use of such anesthetics as you deem advisable in the performance of such surgical, diagnostic or therapeutic procedures. I realize that the administration of any anesthetic agent carries a small but real possibility of side effects which include death. **I recognize the nature of the surgical procedure(s) being performed and realize that certain risks and complications, which have been explained to me.**



I understand that at night there may be times when there will not be anyone here with my pet.



I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.



I agree to indemnify and hold Animal Medical Clinic and its doctors and employees harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

A dental cleaning involves the removal of plaque and calculus from your pet's teeth. It will not remove permanent stains.

In cases of periodontal disease, radiographs may be necessary to evaluate and determine the health of the tooth/teeth. In many cases tooth loss is inevitable. If this is the case it is often better to extract the tooth and or teeth so that it is not causing pain. We will use our discretion to do radiographs and simple extractions of such teeth when necessary. Teeth that need to be surgically extracted will be discussed with you, the client, before such surgery is done. Radiographs and extractions are an additional cost.

Dental Treatment Consent

Would you like to have a microchip placed in your pet?

Yes No

Has your pet been fasted (No food after midnight, water okay until admission)?

Yes No

Does your pet require a special diet?

Yes No

What medications is your pet taking and when was it last given (Include Over-the-Counter Medications)?

If known, planned pick-up time:

Signature: _____

Date: _____

How would you like us to contact you today with updates?



Phone Call



Text Message



Phone Number: _____



E-mail



E-mail Address: _____