



VILLAGE ANIMAL HOSPITAL
Authorization for Dental Surgery/Cleaning

Owner Name _____ Date _____
Patient Name _____ Breed _____ Color _____

1. I hereby consent and authorize Dr. _____ and whomever s/he may designate as his/her assistants to perform a dental cleaning, polishing, examination, and charting. If during the course of the procedure any unforeseen condition arises in addition to those procedures now being contemplated, I further request the veterinarian responsible to do whatever is deemed appropriate and necessary, including pain management.
2. All patients must have current vaccinations. This includes Bordatella, as well as a current 'Heartworm Negative' status for all dogs.
3. For the safety of your pet, we will perform a comprehensive blood screen prior to the administration of sedatives and general anesthesia. The purpose of these tests is to verify the metabolic health of the patient, the ability of the kidneys and liver to safely eliminate the anesthetics from the body, assuring a safe recovery and successful procedure. If these tests indicate any abnormalities and/or suggest a risk to the patient, you will be notified before proceeding.
4. All dental patients must have been on antibiotic medication for a minimum of 3 days prior to admittance. This is because of the otherwise high potential for systemic infection that can be associated with the cleaning procedure. Unless otherwise prescribed, continuation of these antibiotics will be required for an additional 7 days, post surgery.
5. Extractions will only be considered if absolutely necessary. If you wish to avoid such procedures, endodontic procedures (i.e. Root Canal Therapy) would be the other option. This option would require a referral to a specialist. PLEASE ADVISE US ACCORDINGLY WHEN YOU ARRIVE FOR YOUR APPOINTMENT.
6. Pain medications, if necessary, and a dental kit will be provided with the discharge of your pet. This kit will contain samples of dental aids and suggested techniques which will attempt to minimize the need for further dental procedures. Please take advantage of these samplings by testing their acceptance with your pet.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE.

Signature _____ Date _____
Phone _____ (C)
_____ (H)
_____ (W)