

**Germantown Parkway Animal Hospital**

886 Cordova Station  
Cordova, TN 38018  
901-757-5093

**Dental Consent Form**

Owner's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

I am the owner, or agent for the owner, of the animal named above and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s) or operation(s):

\_\_\_\_\_

I understand that during the performance of the foregoing dental procedure(s) or operation(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing dental procedure(s) or operation(s), or different procedure(s) or operation(s) than those set forth above. These may include loss or removal of teeth, gum tissue, and/or jaw bone or portions thereof. I understand that no healthy teeth, gum tissue, or bone will be willfully removed other than that which is required to insure the health of the surrounding teeth/tissue/bone, or to further the health and pain relief of the animal. Therefore, I hereby consent to and authorize the performance of such dental procedure(s) or operation(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the dental procedure(s) or operation(s) and the risks involved. I realize that results cannot be guaranteed. I realize and understand that if removal of teeth, tissue, or bone is required, or if further dental procedure(s) or operation(s) are required, additional expenses will be incurred.

**If additional dental procedure(s) are recommended or required while my pet is under anesthesia today, I understand that the doctor will try to contact me at the number(s) written below. If I cannot be reached, this is how I want the doctor to proceed:**

- Do whatever is necessary for the health of my pet, **OR**
- Continue with the treatment, as long as TOTAL charges do not exceed \$\_\_\_\_\_, **OR**
- DO **NO** FURTHER TREATMENT.

I realize that if treatment, procedure(s), or extraction(s) are required at a later time, I will incur further anesthesia and treatment/surgery costs. I also realize that tooth loss can occur without extraction if periodontal disease is present.

My pet

- HAS NOT had** food or water after 10 p.m. last night
- HAS had** food or water after 10 p.m. last night

I also realize that hidden medical problems may manifest themselves by surgery. These medical problems may not always be obvious to the owner or the veterinarian. Therefore, **presurgical blood tests are recommended to make anesthesia as safe as possible.**

- Yes**, I want presurgical blood testing for my pet. (The cost is \$94.00)
- No**, I do not want presurgical blood testing for my pet.

**Dental Sealant (Oravet)**

- Yes**, I would like to have Oravet dental sealant applied to my pet's teeth. I understand I will need to apply Oravet plaque prevention gel weekly. The cost is \$54.75 for the sealant application and \$33.00 for an 8-week supply of the home-care gel.
- No**, I do not want Oravet dental sealant applied to my pet's teeth.

I have read and understand this authorization and consent.

**Signature of Owner/Agent** \_\_\_\_\_ **Date:** \_\_\_\_\_

Telephone number where I can be reached today: \_\_\_\_\_