

DENTAL CLEANING AND TREATMENT CONSENT FORM

To: Brix Veterinary Service – Veterinarians and Staff

Name of Owner: _____ Name of Animal: _____

Address: _____ Species: _____ Breed: _____

_____ Sex: _____ Date of Birth: _____

Under most circumstances it is not possible to fully assess the extent of dental disease in an awake animal. A full oral examination is only possible after the animal has been anesthetized. As a result, we often find unexpected extractions or other problems only after the procedure has begun.

Please choose how you would like us to handle unexpected dental work:

- I authorize the veterinarian to perform any necessary dental procedures and will be responsible for the cost of those procedures.

- I prefer to be contacted before any major work is done. I authorize the veterinarian to perform simple extractions of loose teeth at minimal additional cost.

- I do not authorize any additional procedures without being contacted first.

I can be contacted today at: _____

If I am unavailable at the time of my pet's dental treatment, I understand that procedures that cannot be reasonably delayed will be performed and that I will be responsible for the cost of these procedures.

Signature of Owner or Agent

Date

Please Print Name of Owner

Witness to Signature