

McGovern Animal Clinic Dental Form

Patient Name: _____ **Owner Name:** _____

Species: _____ **Breed:** _____ **Sex:** _____ **Age:** _____

WE MUST be able to contact you (or your spouse) about your pet. Please leave phone #'s where we can speak to someone authorized to make a decision.

1st # _____ 2nd # _____ E-MAIL _____

I am the owner/agent of the above mentioned animal and have the authority to execute this consent. I hereby consent and authorize the performance of the following procedure(s):

**PRE-ANESTHETIC BLOODWORK, ECG, IV FLUIDS, ANESTHESIA,
DENTAL CLEANING AND RELATED PROCEDURES**

I have been advised to the procedure(s) and the risks involved. I realize that all anesthetic and surgical procedures carry certain risks and/or complications, including death, and acknowledge that no guarantee has been made regarding results of the intended or any necessary related procedures.

I have read this authorization, consent to, and understand it.

Signature Date

There is a pre-anesthetic exam fee. If you pet has been examined by OUR doctor within the past 60 days that fee will be waived _____ Please initial

For patients with gingival pockets we have doxyrobe treatment. This treatment fills the pockets and helps adhere the gums back to the teeth, helping save the teeth. If this procedure is necessary it will be applied. Cost depends on the number of teeth. _____ Please Initial

Dental X-rays are an important part of your pet's dental care. We recommend full mouth dental X-rays on all patients. Would you like us to take dental X-rays of your pet? Yes ___ No___.

HOWEVER if we feel that X-rays are necessary, we will take x-rays of the teeth that require them. Cost is \$15.00 per view _____ Please Initial

Sometimes teeth will need to be removed. If so, there is a fee per tooth _____ Please initial.

If teeth are pulled your pet will receive a post-op pain injection that lasts 24 hours and oral take home pain medication. _____ Please initial

All dogs (& any cats at risk) will have an IV catheter placed. This means a small area of hair will be shaved to place the catheter. _____ Please initial

Any pet found to have flea upon entering the clinic will have advantage applied at the owner's expense _____ Please initial

We require all pets entering the clinic to be vaccinated, unless stated otherwise by the veterinarian. If you pet is not current on their vaccinations or if adequate records are not provided, you pet **WILL** be vaccinated in accordance with policy at the owner expense _____ Please initial.

Signature Date