



Dentistry Consent Form

Owner's Name: _____ Pet's Name: _____

Primary Contact: Home Phone: _____ Cell: _____

Has your pet eaten this morning? Yes No

Our goal is to preserve all teeth and extract only those that are hopelessly diseased. During the oral examination and cleaning we may discover additional problems. Please refer to the questions below. **In the event we are unable to contact you, we will perform only those procedures you have marked below.**

Permission is granted to:

- Give anesthesia to perform dental exam and cleaning ----- Yes No
- Extract any diseased teeth ----- Yes No

_____ – I authorize additional procedures the doctor feels are necessary and will pay the additional charges.

_____ – I authorize necessary procedures/expenses up to \$_____ (\$350.00 min.)

What type of dental care are you willing and/or able to perform at home?

- Dental diet
- Daily teeth brushing
- Chewing products

Would you like any of these additional procedures done today?

- Nail Trim (complimentary)
- Anal Gland Expression (\$26.00)
- Ear Cleaning (\$25.00)

Our greatest concern is the well being of your pet. Prior to anesthesia, we will perform a pre-surgical evaluation. However, many conditions, including disorders of the liver, kidneys, or electrolyte function, are not detected unless blood testing is performed. **We recommend performing this test so we can evaluate the results prior to anesthesia and/or surgery.**

Bloodwork is required for pet's 8 years and older.

For pets under 8 years of age: I authorize Woodinville Animal Hospital to perform pre-anesthetic bloodwork on my pet: Yes(\$85.00) No

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of external and internal parasites. I hereby authorize Woodinville Animal Hospital to provide the vaccines and parasite control when needed.

Signature: _____ Date: _____