



Dental Consent Form

Owner Name _____ Phone Number _____ Date _____
(The BEST number to reach you at today)

Pet Name _____ Pet Age _____ Pet Breed _____

Procedure(s) _____

The time your pet last ate was: Date _____ Time _____

Has your pet had any medication in the last 24 hours? Yes or No

Which medications and when? _____

Pre-Surgical EKG This is recommended for any pet under 5 years, and required for most pets over 5 years of age. Any pet that has a heart murmur or that is on medication for blood pressure or heart disease is required to have this.

Pre-Surgical EKG Accepted or Declined

Post-Surgical Laser Therapy Laser therapy provides relief to your pet by utilizing a deep penetrating light that releases endorphins and stimulates cells. This therapy eases post-operative pain, reduces inflammation, and promotes faster healing. This will NOT be used on any sites where there is suspected cancer.

Post-Surgical Laser Therapy Accepted or Declined

Histopathology We submit abnormal tissue from your pet (typically when we remove a mass) to the lab to determine if it is cancerous.

Histopathology Accepted or Declined

I certify that I am the owner, or authorized agent, of the above animal and I have the authority to execute this consent. I hereby authorize the doctors and staff at Wickham Animal Hospital and Boarding to admit this pet, perform general anesthesia, a teeth cleaning, and possible removal of teeth.

By approving this procedure, I am authorizing the removal of any and all teeth that are unhealthy, loose, or decaying. I understand that the doctor will remove only those teeth that that are detrimental to my pet's health and comfort. However, especially in small breeds or sight hounds, the number of teeth requiring extraction can be very high (upwards of 20). Often these are the small front teeth, such as the incisors. When extractions are needed, pain and antibiotic medications will be administered as needed for my pet's health and comfort.

I have been advised of the nature of the procedure and the potential risks and benefits.

I acknowledge that I am responsible for payment in full for the above procedures and treatments at the time my pet is discharged.

Printed Name of Owner or Authorized Agent

Signature of Owner or Authorized Agent