



Dental Consent Form

Date: _____

Owner Name: _____

Owner Phone Number: _____

Pet Name: _____

Breed: _____

Procedure(s): Dental

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? _____

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

N/A

Microchip Insertion A HomeAgain microchip is your pet's permanent ID. A pet microchip – the size of a grain of rice – goes beneath your pet's skin.

Microchip Insertion

Accepted or Declined

N/A

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

Please provide us with your email and the best contact number to reach you at:

Email Address: _____

Phone Number: _____