Academy Animal Hospital

Consent for Dental Treatment

This form must be filled out and signed or the procedure cannot be performed

Client ID		
Surgery Date: Owner Name:		
Patient's Name:		Age:
As the undersigned owner or owner's agent of the above pet, I declare that I am over eighteen years of age and have been informed that my pet is in need of preventive or therapeutic dental care.		
for anesthesia, anesthesia time as requ treatment and dental examination. De- quoted cost of the above routine denta examination performed under anesthe understand that the quoted price <i>does</i> examination. These procedures may in	ired for a routine dental cleaning on the amount of tartar all treatment may vary by up to sia may reveal loose teeth and/onot include costs of treatments include dental X-rays, extraction eaning out pockets and the toot ockets (pockets around the tootings for cavities and dental variable.)	and the condition of the teeth, the 10 %. I understand that the dental or other oral problems. I also that may be indicated by the dental as, oral surgery to close gaps left by h roots below the gum line), antibiotic th roots below the gum line), surgical hish treatment. I understand that
Also, the price quote does not include and those costs will be additional.	pain control, antibiotic therapy	or special food if these are indicated
I authorize Dr. Sto after the dental examination along wit understand that the procedur after the dental examination i price. I agree to pay the costs time required to perform the as medically indicated.	h the pain relief and antibiotic to es that may be indicated is performed and thus the of the necessary treatme	cannot be ascertained until ey are not part of the quoted nts, the extended anesthetic
I do not authorize the indicated the dental procedures as determined by Dr. Storey. I understand that by not authorizing these procedures, the patient will need to be brought back at a future date and anesthetized again in order to perform the indicated procedures resulting in additional costs and risks at that time. I also understand that by not authorizing the indicated procedures, the patient may experience health risks associated with the non-treatment of the medical conditions and the patient may continue to suffer ongoing dental pain associated with not performing the indicated procedures. I agree to not hold Academy Animal Hospital, Dr. Storey, or the staff of Academy Animal Hospital responsible and liable for future risks and problems that may be caused by the non-performance of the indicated procedures at this time. I acknowledge that my questions and concerns regarding the recommended dental procedures and outcomes have been appropriate to my setticination and I horably appropriate to this dental agree.		
outcomes have been answered to my satisfaction and I hereby consent to this dental care.		
Signature of Owner or Agent		Date
Phone Number Where I Can Be Reach	ned	