



NON-ANESTHETIC DENTAL CONSENT FORM

Pets Name: _____

Date: _____

Owner: _____

Canine AND Feline

The Canine and Feline Non-Anesthetic Dental Cleaning costs include Teeth Cleaning, Teeth Polishing, Full Oral Assessment, Antibiotics and Sedation.

BLOODWORK

Blood tests are used to screen for medical problems that may not be apparent on physical examination. More involved tests provide more information but incur greater costs. We encourage some level of blood screening to be done for all animals. Please initial your choice below:

Option 1: Comprehensive Wellness Profile (initial) _____

Option 2: Mini Blood Panel (initial) _____

Option 3: No blood work performed today (initial) _____

DENTAL EXTRACTIONS/SEDATION

- If your pet is too mobile during the non-anesthetic dental cleaning, sedation may be necessary to complete the procedure.
- If your pet has painful or diseased teeth, extractions may be necessary. Please initial your choice for contact below if sedation or tooth extractions are necessary.
- Please ask your surgery technician or veterinarian for pricing information at time of dental check-in.

Option 1: Perform extractions and sedation as required (initial) _____

Option 2: No extractions or sedation beyond cleaning unless the owner is contacted (initial) _____

Would you like us to do anything else today? _____

Owners Signature: _____

Date: _____

Best Phone Number for Contact Today: _____