



J A S P E R
Animal Hospital

DENTAL CONSENT

Owner's Name: _____ Date: _____

Today's Phone: _____ Patient's Name: _____

I am the owner, or agent for the owner, of the above described animal and have the authority to execute this consent. I hereby grant Jasper Animal Hospital/Dr. _____ my consent to perform such anesthetic and dental procedures necessary for maintenance of my pet's health. I understand the dental procedure(s) and/or treatment(s) to be performed today is:

I understand that during the performance of the foregoing dental procedure(s) or treatment(s) unforeseen conditions may be revealed that necessitate an extension of the foregoing dental procedure(s) or treatment(s), or different procedure(s) or treatment(s) than those set forth above. These may include loss or removal of teeth, gum tissue, and/or jaw bone or portions thereof. I understand that no healthy teeth, gum tissue, or bone will be willfully removed other than that which is required to insure the health of the surrounding teeth/tissue/bone, or to further the health and pain relief of the animal. Therefore, I hereby consent to and authorize the performance of such dental procedure(s) or treatment(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I also authorize the use of appropriate anesthetics, and other medications. I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the anesthesia, dental procedure(s) or treatment(s) and the risks involved. I realize that results cannot be guaranteed. You are to use all reasonable precautions against injury, escape or death of my pet, but you will not be held liable or responsible in any manner in connection therewith as it is thoroughly understood that I assume all risks. I realize and understand that if removal of teeth, tissue, or bone is required, or if further dental procedure(s) or treatment(s) are required, additional expenses are incurred. I agree to pay all charges upon release from the hospital under the following conditions:

___ NO CONDITIONS. Do whatever is necessary for the health of my pet. I need not be contacted to proceed with dental procedure(s) or extraction(s).

___ PLEASE TRY TO CONTACT ME. IF I CANNOT BE REACHED, CONTINUE with the recommended/needed treatment, unless TOTAL charges exceed \$_____ at which point I must be contacted before proceeding.

___ DO NO FURTHER TREATMENT, whether charges are incurred or not without verbal consent from owner/agent.

I realize that if treatment, procedure(s), or extraction(s) are required at a later time, I will incur further anesthesia and treatment/surgery costs. I also realize that tooth loss can occur without being extracted, if periodontal disease is present.

PRE-ANESTHETIC SCREENING: Prior to any procedure requiring sedation or general anesthesia we will perform pre-anesthetic testing to evaluate your pet's complete health status to help ensure a successful outcome. Although sedatives and general anesthesia are common and considered safe there are potential risks even for a young, healthy animal. The pre-anesthetic screening will help us determine if additional precautions need to be taken or if a procedure should be postponed altogether until any underlying conditions identified can be corrected. This screening is not a guarantee against complications with a procedure but will enable us to select the safest protocol for your pet.

PAIN MANAGEMENT: Pain medication will be prescribed on certain dental procedures (i.e. extractions) as deemed necessary by the doctor.

After carefully reading the above, I understand and have signed in agreement.

Signature of Owner/Agent

Date