



# INDIAN CREEK Veterinary Hospital

Owner's/Agent's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Procedure(s) and/or Treatment(s) \_\_\_\_\_

## Dental Procedure Consent Form

Oftentimes upon initial exam, pets will have an excessive amount of tartar covering their teeth, which prohibits the doctor from being able to thoroughly evaluate their condition. Because of this, they may not be able to determine what, if any, teeth need to be extracted. After cleaning the tartar off the teeth, a dental probe is used to check pocket depth and root exposure. If the teeth are not viable, they will be extracted at the discretion of the doctor. This sometimes results in multiple teeth being removed. At this point, pain medication and antibiotics may be prescribed to go home with your pet. Removing any unhealthy teeth may prevent any future disease within the internal organs (i.e. kidneys and heart).

I have read and understand the above information and authorize dental extractions if the veterinarian feels necessary on my pet. I agree to have pain medication and antibiotics prescribed for my pet, at the discretion of the doctor.

The Agreement to Pay provisions of the "Client Form" which is executed upon the initial registration of a pet, shall apply to the above-referenced services.

\_\_\_\_\_  
Owner's/Agent's Printed Name

\_\_\_\_\_  
Owner's/Agent's Signature

\_\_\_\_\_  
Date