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DENTAL TREATMENT CONSENT

Date: _____

Owner: _____ Patient: _____

I authorize the performance of the following procedures: _____

Factors that limit our ability to detect every dental problem your pet may have include:

1. Lack of patient cooperation can impair proper visualization, especially of the back teeth.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Dental tarter can hide underlying cavities or fractures.

If further problems are detected while your pet is under anesthesia, how should they be handled?

Choose ONE of the following:

- Perform whatever procedures or dental radiographs (x-rays) are needed.
- Please call me. I will be available at the following number _____.

If for some reason, I am unavailable when you call please:

- Perform whatever procedures or dental radiographs (x-rays) are needed.
- Do only what I have authorized, I understand my pet will have to undergo another anesthetic episode to complete the dental treatment.

Signed _____ Date _____