

**YALESVILLE VETERINARY HOSPITAL  
322 CHURCH STREET  
YALESVILLE, CT 06492**

**DENTAL CONSENT FORM**

**CLIENT NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_  
**PET NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MY PET IS IN TODAY FOR THE FOLLOWING PROCEDURE:** \_\_\_\_\_  
**IS YOUR PET CURRENTLY ON ANY MEDICATIONS?** \_\_\_\_\_  
**WHEN WAS THE LAST TIME DOSE WAS GIVEN?** \_\_\_\_\_  
**ANY ALLERGIES TO MEDICATIONS:** \_\_\_\_\_

**\*\* Please Read Carefully and Sign \*\***

Your pet is here today for anesthesia and a surgical procedure. Rest assured that advances in anesthesia and surgery have made routine procedures relatively safe with a low rate of complications. Nevertheless, occasional problems can arise due to pre-existing conditions not evident during routine pre-anesthetic examinations. To minimize this risk, we will perform the following procedures:

**Blood Screening Test:** This helps to evaluate organ function, hydration, and red blood cell count.....  
*Cost included in estimate*

**EKG:** This test helps to detect rhythm irregularities and heart enlargement that can't be detected during physical examination.....  
*Cost included in estimate*

**Intravenous Catheter:** this will provide access to your pet's vein for delivery of medications and fluids at  
*No Additional Cost for spays/neuters/declaws and dentals*

**Post-Op Pain Injections:** This helps to ease pain and promote healing.....  
*Additional Cost – is determined by weight of pet.*

Often loose teeth may not be noticed on routine examinations but are detected once the pet is anesthetized. To extract these teeth, we need the owner's consent, which may pose as a problem if the owner cannot be reach while the pet in under anesthesia.

\_\_\_\_ I give permission to extract any teeth necessary.  
\_\_\_\_ Please contact me at the number below before extracting any teeth.

Please be aware that dental procedures are performed throughout the day. The order is determined at the veterinarian's discretion after all patients have been admitted. You will be called when your pet's procedure has been completed.

If I need to be contacted, I can be reached at the following phone number,  
this morning \_\_\_\_\_ afternoon \_\_\_\_\_  
Would you like us to text you? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**I, the undersigned, have read and fully understand the above information and procedures.**

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**If fleas are present upon examination, we will apply a flea elimination product to your pet at a charge of \$15.**  
Please understand that this is necessary to safeguard our hospital.