

Pre-Dental Check-In

General Information

Client Name: _____

Client Date of Birth: _____

(Required by law for our controlled-substance drug log)

Pet's Name: _____

Phone Number where you can be reached TODAY: _____

PLEASE NOTE: If you request a call before additional services, such as extractions, are rendered, please have your phone with you at all times. If we are unable to reach you on the phone number you have provided, we will do what is recommended by the doctor. We cannot leave a pet under anesthesia for longer than needed while we wait for you to call back. If it is impossible for you to be reached during the procedure, please reschedule your appointment to a time you can be reached.

Additional Dental Information

Extractions: Loose, infected or decayed teeth are painful and a source of problems. For your pet's comfort and health, these teeth often need to be extracted. It is difficult to evaluate and know whether your pet will need teeth extracted today until he/she is under anesthesia. In certain circumstances an x-ray will be needed to evaluate the integrity of the tooth.

If any extractions or x-rays need to be done would you like us to:

_____ Do what is needed

_____ Call you before an extraction or x-ray is done

(Please see note above)

Consent for Dental Work: *I understand and give my consent to the Doctors to prescribe, treat and operate on my pet. I understand and authorize pre-surgical bloodwork, IV fluids and dental work to be performed on my pet.*

Client Signature: _____