

Dental Consent Form

Western Hills Animal Hospital 5120 Johnson Road Wichita Falls, TX 76310
(940) 691-9401

Owner's Name _____ Pet's Name _____

Doctor _____ Breed _____ Sex _____

Treatment and control of periodontal disease requires a comprehensive program of routine scaling and cleaning, home care and dental hygiene like brushing, rinses or the use of chewing devices.

1. Our goal is to preserve all teeth, however, in some cases extractions are necessary in the professional judgment of the attending veterinarian to achieve optimal results. The cost of each minor extraction typically ranges from \$_____ to \$_____ depending on the difficulty of extraction.

I approve these extractions _____ I decline extractions _____

2. During the oral examination and teeth cleaning we may discover additional problems associated with your pet's teeth and gums (i.e. Major extractions, etc). Many of these can and should be treated at that time, others require follow-up appointments. Should any unforeseen, non-emergency procedures be deemed necessary in the attending veterinarian's judgment, the owner:

_____ I authorize Western Hills Animal Hospital to proceed with all procedures.

_____ I do not wish Western Hills Animal Hospital to perform any of such procedures.

3. I understand that the attending veterinarian may recommend the use of Doxirobe gel (helps to prevent tooth loss and post dental infections) and that there is an additional charge of \$_____ to \$_____ for this treatment.

Accept _____ Decline _____

4. I understand that the attending veterinarian may recommend the use of Consil (a packing agent used after a major extraction to prevent bone loss) and that there is an additional charge for this treatment.

Accept _____ Decline _____

5. In some cases, radiographs are necessary to determine if tooth root abscess is present. The cost of each radiograph typically ranges from \$_____ to \$_____.

Accept _____ Decline _____

6. I understand that the attending veterinarian may recommend that my animal be sent home on anti-biotics and/or pain medications and that there are additional charges for any medications my pet may need.
(please initial) _____

7. Today, I can be reached at these telephone numbers:

Numbers

Times available

8. Sign below indicating that you have read and understand this consent form. If you need further information, please ask. You have every right to be fully informed of your pet's care and we are glad to help.

Owner's Signature _____ Date _____