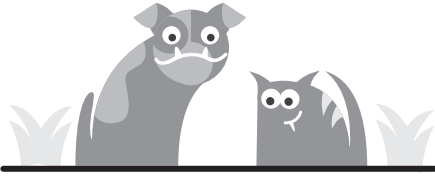


Consent

**Animal
Dental
Care**



What is an Oral Healthcare Screening & Preventive Cleaning?

We offer a routine oral healthcare procedure designed to provide early detection of disease in the oral cavity and preventive cleanings. This allows pet parents the opportunity to have painful conditions identified earlier and to ultimately prevent further future disease. The ability to provide this procedure awake with a cooperative patient allows for the necessary frequent care in maintaining oral health.

Initial

This procedure has limitations and requires individualization.

A number of factors contribute to whether or not this procedure is appropriate for your pet and are evaluated under the Veterinary Client Patient Relationship. A behavior screening is performed to provide a safe and comfortable experience. A review of your pet's oral history along with an oral cavity screening is provided to optimize the effectiveness of this procedure. This procedure is preventive and is only effective when candidacy criteria is fully met. Remember, Dental Disease progresses differently in each dog or cat which requires individualized methods for treatment.

Initial

Your pet requires a complete oral healthcare program!

A Preventive Oral Healthcare Screening and Cleaning is just one approach utilized in the dental disease fight, it's goal is prevention. It is not the same as other forms of necessary oral care. Complete care also involves, but is not limited to, routine full-mouth dental x-rays to help discover pathology, oral surgery (anesthetized procedures) to address any found pathology and home care brushing to disrupt the bacteria that forms in the mouth every day. Speak with your veterinarian about all the ways in which we can fight dental disease and begin forming a treatment plan for your pet.

Initial

Please fill out form

* First and Last Name

* Cell Phone Number

* Email Address

Alternate Phone Number

Pet's Name

(Please Circle)

Male

Female

Pet's Date Of Birth

Pet's Breed

Pet's Last Dental (Please Circle)

N/A

Anesthetic Dental

PDCA

Date Of Last Dental

By signing this form I understand the information provided to me about treatment, I want to proceed with treatment and verify that the information I have provided is accurate.

Signature

Date

Thanks!