

# Trinity Animal Hospital Prophylaxis Dental Consent Form

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

\_\_\_\_\_ **is presented today for a Prophylaxis Dental Cleaning. The Prophylaxis Dental Cleaning Fee includes:**

- Pre-operative blood work
- I.V. set and I.V. fluids
- Hospitalization
- General anesthesia and anesthesia monitoring
- Deep gingival ultrasonic scaling, polishing, and fluoride treatment

**The following items are generally not included with basic dental procedures:**

I authorize full mouth dental x-rays for <animal>.

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

I understand that if additional dental treatments such as extractions or bonding are needed, an additional appointment may be necessary. \_\_\_\_\_ **Initials**

I understand that the Prophylaxis Dental Cleaning will be performed by a Registered Veterinary Technician (RVT). A pre-anesthetic examination will be performed by a veterinarian. \_\_\_\_\_ **Initials**

I authorize any other necessary procedure(s) that the doctor may recommend while <animal> is under anesthesia.

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline** \_\_\_\_\_ **Call First**

I understand that in order for my pet to undergo a procedure here at Trinity Animal Hospital he/she must be protected against communicable diseases and must be free of internal and external parasites. If my pet is in need of treatment we will treat upon entry to the facility or upon discovery at my expense. \_\_\_\_\_ **Accept**

**I understand that the above items I have approved will incur additional fees.** \_\_\_\_\_ **Initials**

***I authorize Trinity Animal Hospital to perform the following procedure(s):***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

I can be reached today at:

Phone: \_\_\_\_\_ between the hours: \_\_\_\_\_

Phone: \_\_\_\_\_ between the hours: \_\_\_\_\_

If vaccinations were performed elsewhere, I will provide written documentation of the rabies vaccine administered by a licensed veterinarian within 24 hours in the event my pet should bite any person or other pet while on the hospital premises.

I am over 18 years of age and authorized to execute this consent form.

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Should <animal> experience a cardiovascular emergency, I request the following action be performed, at my expense.*

\_\_\_\_\_ **Permit Natural Death** \_\_\_\_\_ **External CPR** \_\_\_\_\_ **Internal CPR**