

South County Animal Hospital
15790 Monterey Rd Suite 500
Morgan Hill, CA 95037
(408)779-6867
www.southcountyanimalhospital.com

Dental Consent Form

Date: _____

Client ID: _____	Patient ID: _____
Client: _____	Name: _____
Name: _____	Species: _____
Address: _____	Sex: _____
_____	Color: _____
Telephone: _____	Markings: _____
	Birth Date: _____
	Weight (lb): _____

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute this consent.

I hereby authorize the performance of the following procedure(s):

I hereby also authorize the use of such anesthetics as you deem advisable and performance of such surgical or therapeutic procedures as you determine to be indicated.

I agree to indemnify and hold South County Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

Pre-Anesthetic blood work is required for all surgical procedures. Any patient that does not have current blood work (within 6 months) will have this service performed prior to any procedure requiring sedation and/or anesthesia.

AUTHORIZATION FOR DENTAL PROCEDURES

Although every effort is taken to appraise you of the work that needs to be performed for your animal prior to anesthesia, it is very challenging to know all that may be involved. Through the process of performing to complete dental prophylaxis and a thorough exam of your animal's mouth, there may be additional problems encountered. We will always make a concerted effort to reach you at the number(s) you provided. However, in the event that we are unable to reach you, we will need to know what you prefer.

_____Dental Radiographs will be taken during the procedure. If abnormalities are noted in the radiographs that alter the intended procedure(s), we will attempt to contact you before proceeding. If we cannot reach you, we will proceed as authorized below.

_____Perform all procedures that are deemed necessary; this may include surgical extractions of the teeth, subgingival antibiotic therapy, mass removals, etc. I understand that there will be further costs associated with additional treatments.

_____Please only do what my pet presented for. Do not perform any additional procedures that I wasn't aware of. I understand that this may mean that my pet has to undergo further anesthesia at a later date to complete the recommended procedure(s).

_____ Date:_____

(Signature of legal owner or responsible person)

Phone Where You Can Be Reached Today: _____

Alternate Contact: _____