



Dental Cleaning Consent Form

Main Street Veterinary Hospital
1067 36th Avenue NW
Norman, OK 73072
(405) 329-6555

Animal's Name: _____ **Phone # we can reach you at today:** _____

Please be advised we can only accurately assess your pet's teeth and gums under general anesthesia. For this reason we can't always predict if a tooth extraction will be necessary until the procedure is under way. By consenting to your pet's dental cleaning, you also consent to the extraction of any teeth which are abscessed or have exposed nerves.

Extractions can affect a dental estimate 15-20% _____ (initial here)

Pain Management

Your pet will receive an injection before surgery to help ease post-operative pain. However, if your pet requires extractions, additional pain management at home is recommended. Follow-up medications will reduce discomfort and promote a faster recovery.

Yes, I would like additional pain medication to take home for my pet. (\$15.75)

No, I would not like additional pain medication for my pet.

Pre-anesthetic bloodwork

Please be advised that anesthetic and surgical procedures are not without risk. To minimize these risks, a pre-surgical blood screen is recommended. These tests will assess liver and kidney function, and detect any signs of infection or blood clotting disorders, helping to determine which anesthetic protocol is best for your pet.

Yes, I would like a pre-anesthetic blood screen for my pet. (\$51.87)

No, I would not like a pre-anesthetic blood screen for my pet.

At-home dental care

Once your pet's teeth have been cleaned, it's important to continue dental care at home. We provide a dental package that includes a bottle of water additive/mouth rinse to fight bacteria and freshen breath, and a toothbrush kit to prevent tartar buildup.

Yes, I would like the take-home dental package for my pet. (\$14.60)

No, I would not like the take-home dental package.

If fleas are found on your pet, they will be treated with Capstar at an additional charge of \$7.30.

Current vaccinations are required for all animals undergoing surgery. If vaccine history is not provided, this animal will be vaccinated at the owner's expense.

I, being responsible for the above-described animal, have the authority to grant you my consent to treat and/or operate upon my pet. I understand reasonable precaution will be used against injury, escape, or death of this pet. I further understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarian and I assume full responsibility for the treatment expense involved.

Owner or Responsible Party

Today's Date