Parvin Animal Clinic

Dental Consent Form

Owner's Name_		Pet's Name
Whe	n my pet's dental procedu	re is completed, please contact me by (select one below):
□Call or □text #		Alternate #
		?
Please list all me	edications given in the last	72 hours. This includes prescription and over the counter medications:
*In the event that addi we will attempt to cont	tact you with the given info	ded, to ensure the health and safety of your pet orior to scheduled procedure, ormation above. Failure to be reached on the day of the procedure, may result onement of the surgery/treatment. *
Please review the option	ons below and initial the o	option that will allow us to provide the best cane for you and your pet
Please do w	hat you believe is in the be	est interest for my pet while in your care, regarcless of additional costs
I will be ava	ilable all day, please call m	ne before any additional procedures.
Only perfor	m and complete the treatn	ments we have discussed and scheduled. No adcitional procedures.
		re and medicine to our patients, and by doing so we like to recommended nitial any additional services you would like for your pet to have today
Dental X-Ra	We recommend full mou	ry for both level 3 and level 4 dentals) uth dental x-rays for all pets having dental procedures done. This procedure ase that is hidden below the gum line and establish a baseline for the future.
Pain Manage	ement (mandatory for dent	als with extractions)
• 0 • 0 • 1 • 1	management. These cost (Canine injection and or	lental extractions can cause pain and discomfor: at times, which require pain tapproximately: ral) - \$40 - \$80 (Price varies based on weight) \$80 (Price varies based on weight).
Please INITIAL one:	Yes, microchip my pe	etNo, DO NOT microchip my pet Already microchipped
• \$60.00. We of		nicrochips when they are implanted while under anesthesia. This permanent th the information you provide when registering online.
		s for your pet. If you are leaving personal items, please I st all belongings TOY BED CARRIER TOWEL OTHER:
Disclaimer: Kennels are		edding will be washed and dried. Parvin Animal Clinic will rot be resporsible for items lost or damaged.
having understood th	e risks involved, including thesia, and/or operate on	e of 18, and financially responsible for the above-named animal, and that g death, have the authority to grant you my consent to receive, prescribe may pet. All charges, including boarding costs (if necessary), shall be paid e of my pet from Parvin Animal Clinic.
	After <u>carefully</u> rea	ading the above, I have signed in agreement.

Cate

Signature