Parvin Animal Clinic

Dental Consent Form

Owner's Name		Pet's Name		
When my pet's dental procedure is completed, please contact me by (select ONE below):				
□Call or □text #		Alternate #		
What procedure(s) are you exp	ecting to be done today? _			
Please list all medications given i	n the last 72 hours and whe	en given. This includes prescription	and over the counte	er medications:
procedure, we will attemp	ot to contact you with the <u>c</u>	, to ensure the health and safety of given information above. Failure stponement of the surgery/treatr	to be reached on th	
Please review the options belo	w and <mark>initial <i>ONE</i> option t</mark>	that will allow us to provide the	best care for your p	et today:
Please do what you	believe is in the best inter	rest for my pet while in your care,	, regardless of addit	ional costs.
Only perform and c additional procedures.	omplete the treatments w	e have discussed and scheduled,	please contact me l	before any
		edicine to our patients, and by d		
We re allows Pain Management (commend full mouth dent s us to detect disease that mandatory for dentals wit Il procedures and dental ex gement. These cost appro- ne injection and oral)- \$40	xtractions can cause pain and disc	establish a baseline comfort at times, w	e for the future.
Please INITIAL one:Ye	s, microchip my pet	No, DO NOT microchip my p	petAlreac	ly microchipped
		ps when they are implanted whil nformation you provide when reg		This permanent
	-	our pet. If you are leaving persor BED CARRIER TOWEL OTHER:	•	t all belongings
Disclaimer: Kennels are sanitiz		will be washed and dried. Parvin . ns lost or damaged.	Animal Clinic will no	ot be responsible
having understood the risks i	nvolved, including death, and/or operate on my pe	and financially responsible for t , have the authority to grant you et. All charges, including boardin y pet from Parvin Animal Clinic.	u my consent to re	ceive, prescribe
	After <i>carefully</i> reading th	ne above, I have signed in agreem	nent.	
	Signature		Date	— Rev 8/8/2024