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Dental Consent Form - _____ (date)

Patient Name: _____ Owner's Name: _____

During the course of a dental cleaning procedure, the professional staff often find teeth that are damaged or misaligned and need extensive care to deal with the resulting pain, infection, and bite problems. This care can include such procedures as crown restoration, root canals, braces/appliances and extractions. Some teeth due to the extent of the damage will simply fallout as we do the cleaning. Others, however, need extensive work. At Big Creek Pet Hospital a veterinarian can extract these teeth at the dental cleaning if your pet is doing well while under anesthesia. Alternatively, we can chart these affected teeth and discuss possible treatments with you later, including referral to a Veterinary Dental Specialist to discuss root canals and other restorative care.

Please indicate your desired course of action so we can proceed during anesthesia in an expedient fashion.

1. Please do all the extractions during this anesthesia as long as my pet is doing well. I understand that this will increase the cost of the procedure but do not wish to do another anesthesia at a later time. _____ (initial)
2. Please do not do any work beyond the dental cleaning. I will arrange for the additional care after consultation with a staff member. _____ (initial)