

**DENTISTRY CONSENT FORM**

This form is available to download on our website [www.elliottbayah.com](http://www.elliottbayah.com)

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

Phone numbers (1st) \_\_\_\_\_ (2nd) \_\_\_\_\_

Email (optional) \_\_\_\_\_

*Unless otherwise specified by a doctor, please call between 2-4 p.m. to check on your pet and his/her pickup time. We may want to schedule a brief appointment at pick up to discuss your pet's dentistry.*

Does your pet have a microchip? ..... YES NO  
 Has your pet eaten this morning? ..... YES NO  
 In the event your pet will need to stay overnight, what do you feed your pet and how much?

Has your pet had morning medications (if any) ..... YES NO  
**Have you received an estimate for services?** ..... YES NO

If not, a staff member must be able to reach you with an estimated cost prior to treatment.

Our goal is to preserve all teeth and extract only those that are hopelessly diseased. During the oral examination and cleaning we may discover additional problems. Please refer to the questions below. **In the event we are unable to contact you, we will perform only those procedures you have marked below.**

Permission is granted to:

1. Give anesthesia to perform dental exam, dental x-rays and cleaning..... YES NO
2. Extract any diseased teeth..... YES NO
3. \_\_\_\_\_ I authorize additional procedures the doctor feels is necessary and will pay the additional charges.  
 \_\_\_\_\_ I authorize necessary procedures / expenses (\$350 minimum) up to \$ \_\_\_\_\_

4. If medication is sent home, which of the following would you prefer administering?      Liquid      Pills

5. What type of dental care are you willing and/or able to perform at home?
- |   |   |
|---|---|
| <input type="checkbox"/> Dental Diet      | <input type="checkbox"/> Daily Teeth Brushing         |
| <input type="checkbox"/> Chewing Products | <input type="checkbox"/> Weekly Application of Oravet |

Additional Procedure being done today: \_\_\_\_\_

Our greatest concern is the well being of your pet. Prior to anesthesia, we will perform a pre-surgical evaluation. However, many conditions, including disorders of the liver, kidneys, or electrolyte function, are not detected unless blood testing is performed. Our laboratory will perform these tests and we will evaluate the results prior to anesthesia and/or surgery.

In the event of an emergency, it is expressly understood that the hospital and authorized personnel shall have authority and permission to prescribe for, treat and/or perform surgery upon the described animal. *Should your pet require care from a Veterinary Specialist or Emergency Hospital, we will provide them with your current address and phone number.*

To prevent the spread of infectious diseases and parasites, hospitalized animals must be current on all vaccines and be free of external and internal parasites. I hereby authorize Elliott Bay Animal Hospital to provide the vaccines and parasite control when needed.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you for allowing us to care for your pet!**