Warren Woods Veterinary Hospital
29157 Schoenherr Road
Warren, MI 48088
Telephone: 586-751-3350 Fax: 586-751-3447

DENTAL CONSENT FORM

Patient: "<animal>" Owner or Responsible Party: <first-name> <last-name>

Like you, our greatest concern is the well being of your pet. Your pet is scheduled for anesthesia. Before putting your pet under anesthesia, we will perform a full physical examination. We will also run a pre-anesthetic blood profile to maximize patient safety and alert the doctor to the presence of dehydration, diabetes, kidney, and/or liver disease that could complicate the procedure. These conditions may not be detected without the aid of blood work. These tests are similar to those your own physician would run if you were to undergo surgery.

We extract teeth only when we believe it is medically necessary for the well-being of your pet. If your pet does need to have extractions, we will contact you and give you an Oral Surgery Treatment Plan. Your approval ahead of time decreases the length of time your pet is under anesthesia. This can be discussed with a technician at your drop off appointment. If we unable to contact you to discuss the treatments necessary for your pet, we will proceed with recovery of your pet and another anesthetic procedure will be scheduled for a later date.

We recommend giving Oravet Dental Hygiene Chews to your dog once daily to help with plaque prevention and removal of calculus. The chews will form a protective barrier against the bacteria that lead to plaque, tartar and bad breath.

ORAVET CHEWS (Box of 30) ☐ **APPROVE** ☐ **DECLINE**

ORAVET CHEWS (3 Day Trial) ☐ **APPROVE** ☐ **DECLINE**

While your pet is under anesthesia, there is another service we may easily provide for your pet. It is a permanent identification, the AVID micro-chip which is injected under the skin between your pet's shoulders.

AVID MICROCHIP-COST $39.00 ☐ **APPROVE** ☐ **DECLINE**

I authorize the above named anesthesia procedure to be performed at Warren Woods Veterinary Hospital. The nature of such service has been described to me to my satisfaction and I realize that no guarantee can ethically or professionally be made regarding the results or cure. I understand that I assume financial responsibility for all services rendered. **I have provided proof that my pet has been vaccinated against rabies or I authorize Warren Woods Veterinary Hospital to vaccinate my pet for rabies.**

Signature_____ Date_____

Phone number(s) where you can be reached today: _____
Would you like to be texted once procedure is done? _____
Please list all medications your pet is currently taking at this time:_____
Is there anything else we should know about your pet?
_____

Rev. 5/17

☐ Scanned into Avimark (date/initials) _____