Shippensburg Animal Hospital PC
Shippensburg, Mt. Rock, and Allen Road
Canine Dental Consent Form

Client Name: _____ Pet Name: _____

Procedure:

_____ Dental Cleaning & Polish – The doctor will extract diseased teeth as indicated.

_____ Apply teeth sealant (Oravet) - After cleaning and polishing your pet's teeth, it is beneficial to apply a tooth sealant to slow the accumulation of tartar on your pet's teeth. May we do so, at an additional cost?

_____ Apply Doxirobe gel - The doctor may determine it is beneficial to use Doxirobe gel (a long acting antibiotic) to help save teeth that have excessive gum disease rather than extract teeth. May we do so, at an additional cost?

_____ Other _____

Other Treatments or Procedures

1. May we dispense dental products for you to use at home? Yes / No

2 May we treat ear problems and/or get ear medications for your pet? Yes / No

3. All animals found to have any ectoparasites (fleas, ticks) will be treated in the hospital with a short acting medication. Would you like us to dispense a longer acting medication such as advantage, frontline, revolution, or tresaderm? Yes / No

4. Is your pet current on vaccines? Yes / No If no, please give the following:

_____ DHLPPV-C
_____ Bordetella
_____ Lymes vaccine
_____ Rabies vaccine
_____ Heartworm test
_____ Lyme/Heartworm/Erhlichia test
_____ Fecal Analysis
_____ Dispense Interceptor / Sentinel / Revolution x _____
_____ Dispense Frontline / Advantage / Advantix
_____ Apply topical flea

Surgical Options:

Yes / No (Circle One) We are concerned about your dog's upcoming anesthesia and dental procedure, therefore, we encourage you to have a pre surgical blood screen before anesthesia. This screen checks liver & kidney functions and for anemia. Animals could be suffering from these problems without showing any outward signs. If there are any abnormalities, we will call you immediately.

Yes / No (Circle One) After surgery pets experience pain. We would like your permission to administer pain medication, at an additional cost, to alleviate discomfort and help your pet rest more comfortably if it becomes necessary.

Yes / No (Circle One) Would you like us to send home medication to continue to control any pain your dog may have at home?

Surgical & Anesthesia Consent

I hereby authorize the Shippensburg Animal Hospital PC to perform the above procedure(s) and to administer anesthesia to my pet(s). I am aware there are risks involved and, in rare cases, complications may occur which will be treated in a prompt and aggressive manner. I also realize that no guarantee, nor warranty, can ethically or professionally be made regarding the results or cure.

I understand that I assume financial responsibility for all services rendered and that payment is due at the time of discharge.

_____ _____
Owner or agent of owner signature Date

Phone number WHERE YOU CAN BE REACHED today: _____