

Temperance Hill Animal Hospital Dental Procedures Consent Form

Owner Name	Date of Procedure
Cell Phone	Email

Pet's or Patient Name:	Species	Sex
Age	Breed	

Dental Grade I II III IV	Procedure: <input type="checkbox"/> Cleaning <input type="checkbox"/> Extractions <input type="checkbox"/> Surgical Mass Removal
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Does your pet have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)? If yes, please describe: _____

Is your pet taking any daily medications? If yes, please describe: _____

Additional Recommended Service Options:

- Recommended Dental Radiographs – \$100 for full mouth radiographs
- I agree to a recommended radiograph of any tooth/area that appears potentially problematic on oral exam \$25/each.
- I decline recommended radiographs.

EXTRACTIONS & ORAL SURGERY:

After cleaning your pet's teeth, we will fully examine each tooth to see if there are any that need to be extracted. The cost for this can vary, depending on which tooth is affected. Minor extractions can cost as little as \$12 per tooth, while more complicated extractions can cost up to \$155 per tooth. In addition, we occasionally find oral masses that need to be removed. Please choose from the following options regarding extractions.

If extractions or other potentially painful procedures are performed, proper pain control will be used. The cost for this will range from around \$20 to \$50 depending on what the doctor deems necessary. This is not included in the price of the extraction. If you need a detailed estimate of charges before oral surgery/extractions are performed, please ask the doctor to provide one prior to proceeding with treatment or indicate a maximum amount below.

- YES**, the doctor may perform any needed extractions/oral surgery on my pet if my total bill does not exceed \$_____.
- CALL** before extracting any teeth or removing oral masses.
- NO**, I decline all extractions/oral surgery.

Consent: I consent to and authorize Temperance Hill Animal Hospital to receive, prescribe for, treat, and/or operate on my pet. I understand that my animal will be given flea/tick control if seen at a minimum cost of \$7.00. I understand that every precaution will be taken, but all risk regarding restraint, anesthesia, surgery, & care of the animal, etc. are hereby assumed by the owner &/or undersigned. I understand that all fees must be paid before the animal is removed from the hospital. I have read & agree to the above statements.

Signature

Date

11/2023