



DENTAL CONSENT FORM

DATE: _____

OWNER: _____ PATIENT: _____

Extractions – You MUST Initial one of the following options:

_____ I give the doctors of Metro Paws Animal Hospital permission to perform any necessary oral surgical needs (tooth extractions, growth removals, etc) without contacting me. I understand that such Procedures may incur additional cost.

_____ I must be contacted prior to the performance of ANY oral surgery or tooth extractions. By choosing this option, I fully understand that my pet will be under anesthesia longer and I accept responsibility for increased medical risk and/or cost. I also understand that if I cannot be contacted within a reasonable amount of time that my pet will be wakened from anesthesia. If I choose at a later time to have the procedure performed, it will require additional anesthesia and cost.

Possible Post-Operative Care:

- Oral antibiotics – at the doctor’s discretion
- Oral pain meds – at the doctor’s discretion

Intra-operative Dental Radiology- You MUST Initial One of the following Options:

What is the Diagnostic purpose? To find infections or dental disease below the gum line (not visible) and allows for the early detection of abnormal oral health such as bone loss or oral cancer.

_____ I authorize Full mouth X-Rays (*Canine Radiograph Cost \$98.00, Feline Radiograph Cost \$78.00*)

_____ I must be contacted prior to X-rays and authorized radiological views (Cost: \$20.00 per view)

_____ I decline dental radiographs

Possible Complications of Dental Cleanings:

- Infection – of the gums, extraction sites, jaw (osteomyelitis) or systemic
- Pain/anorexia – depends upon extent or extractions and/or oral surgery
- Recurrence of periodontal disease – dependent upon aggressiveness of prevention
- Bleeding of the gums – should resolve within 1-2 days
- Anesthetic complications, including death

_____ I have also read and signed the MPAH Consent to Anesthesia Form and I certify that I am aware of the risks associated with anesthesia.

_____ I understand that referral to a veterinary dentist is available. Such a referral may make available advanced endodontics, such as root canals, crowns, or other procedures that are not currently available at MPAH. Such procedures may salvage a tooth that would otherwise be extracted.

Signed Owner/Agent: _____ Best Contact Number: _____

Metro Paws Animal Hospitals

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