



NO ANESTHESIA DENTAL CONSENT FORM

DATE: _____ OWNER: _____ PATIENT: _____

PLEASE INITIAL ONE OF THE FOLLOWING OPTIONS:

_____ Please complete the No-Anesthesia dental cleaning completely, **EVEN** if extractions or any other necessary anesthetic procedure need to be performed at a later date.

_____ Please STOP the No Anesthesia Dental procedure if it is found that my pet needs general anesthesia for extractions or other needs. *There would be no charge for stopping cleaning today.*

POSSIBLE COMPLICATIONS OF DENTAL CLEANING

- Infection – of the gums, extraction sites, jaw (osteomyelitis) or systemic
- Pain/anorexia (not eating)
- Recurrence of periodontal disease – dependent upon aggressiveness of prevention
- Bleeding of the gums – should resolve within 1-2 days

_____ I certify that I am aware of the risks associated with this dental cleaning.

_____ I understand that if any extractions need to be performed, that it will require a separate appointment and performed under general anesthesia with an additional fee.

_____ I understand that my pet must have current vaccines and that any vaccinations done today are at my expense.

Do you approve for your pet to receive a sedative (*at an additional charge*) if needed to help reduce anxiety during this procedure?

YES _____ NO _____

I would like to pick my pet up at: _____

Signed Owner/Agent: _____ Best Contact Number: _____

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