

TREEHOUSE ANIMAL CLINIC NON-ANESTHETIC DENTAL PROPHY CONSENT FORM

Owner's Name: _____ Date Printed: _____

Pet's Name: _____ Sex: _____

Procedures: Non-Anesthetic Dental Prophy _____ Date of Service: _____

Any Additional Services: _____

CONSENT: I authorize Treehouse Animal Clinic's (also referred to as "TAC") veterinary staff and Animal Dental Care's (also referred to as "ADC") veterinary staff to perform the above-mentioned non-anesthetic dental prophy and/or treatment(s) listed on my pet. I indicate with my signature my consent to the above procedure(s), that all questions have been answered to my full satisfaction and that I understand any risk associated with my pet's procedure(s).

Signature _____

Best Contact Number Today _____

TRANQUILIZATION: In the event that my pet is not able to have the procedure(s) and/or treatment(s) without a mild tranquilizer and it is *recommended* by TAC veterinary staff for my pet, I (*initial one of the two options below*):

_____ Authorize TAC's veterinary staff to administer a mild tranquilizer, only if recommended, at an additional charge.

_____ Do not authorize TAC's veterinary staff to administer a mild tranquilizer and request that the procedure not be performed.

IF THE PROCEDURE CANNOT BE PERFORMED: In the event that the ADC dental technician or TAC veterinary staff finds that my pet needs to be referred to an anesthetic dental procedure for extractions, extensive dental work requiring anesthesia or that my pet will not allow the non-anesthetic procedure to be performed, I understand that the anesthetic dental procedure will not be performed today. I also understand that I will be able to schedule the referred anesthetic dental procedure when I come to pick up my pet.

PAYMENT DUE AT TIME OF SERVICE: We accept Visa, Mastercard, Discover, Debit, Cash or Check only. We do not accept American Express, Care Credit or Payment Plans. I understand this policy.

Signature _____ Date _____

ANIMAL DENTAL CARE TREATMENT FORM

What is an Oral Healthcare Screening & Preventive Cleaning?

We offer a routine oral healthcare procedure designed to provide early detection of disease in the oral cavity and preventive cleanings. This allows pet parents the opportunity to have painful conditions identified earlier and to ultimately prevent further future disease. The ability to provide this procedure awake with a cooperative patient allows for the necessary frequent care in maintaining oral health.

This procedure has *limitations* and requires *individualization*.

Initial

A number of factors contribute to whether or not this procedure is appropriate for your pet and are evaluated under the Veterinary Client Patient Relationship. A behavior screening is performed to provide a safe and comfortable experience. A review of your pet's oral history along with an oral cavity screening is provided to optimize the effectiveness of this procedure. This procedure is preventive and is only effective when candidacy criteria is fully met. Remember, Dental Disease progresses differently in each dog or cat which requires individualized methods for treatment.

Your pet requires a *complete* oral healthcare program!

Initial

A Preventive Oral Healthcare Screening and Cleaning is just one approach utilized in the dental disease fight, it's goal is prevention. It is not the same as other forms of necessary oral care. Complete care also involves, *but is not limited to*, routine full-mouth dental x-rays to help discover pathology, oral surgery (anesthetized procedures) to address any found pathology and home care brushing to disrupt the bacteria that forms in the mouth every day. Speak with your veterinarian about all the ways in which we can fight dental disease and begin forming a treatment plan for your pet.

Initial

Please complete all boxes and sign below in order for your pet to receive scheduled treatment.

Pet Name

Species (Canine/Feline)

Breed

Pet Birth Day/Month/Year

Owner Name

E-Mail

Cell Phone

Secondary Cell Phone

Date

By signing this form I understand the information provided to me about treatment, I want to proceed with treatment and verify that the information I have provided is accurate.

Owner Signature