

TREEHOUSE ANIMAL CLINIC NON-ANESTHETIC DENTAL PROPHY CONSENT FORM

Owner's Name:

Pet's Name:

Sex:

Procedures: Non-Anesthetic Dental Propy

Date of Service:

Any Additional Services (not all services may be offered at this time):

**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 your 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

Date

Best contact number while waiting in your car

Vehicle you will be waiting in on the day of the procedure

**TRANQUILIZATION:** May not be offered at this time.

**IF THE PROCEDURE CANNOT BE PERFORMED:** In the event that the ADC dental technician or TAC veterinary staff finds that your pet needs to be referred to an anesthetic dental procedure for extractions, extensive dental work requiring anesthesia or that your 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 my pet is brought back out to me.

**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