

Animal Medical Center of Plano
Dentistry Release Form

Owner's Name: _____ Pet's Name: _____

- Is your pet current on required vaccinations?
Dogs: RV, DHPP, Bordetella Date Given: Y _____ N
Cats: RV, FVRCP Date Given: Y _____ N
- Any time an animal undergoes anesthesia, pre-anesthetic blood screening is recommended as a precautionary measure to assess organ function before and after the procedure (regardless of age). Abnormal results may result in postponement or cancellation of the procedure for further tests to evaluate the problem.
Yes, please run pre-anesthetic bloodwork on my pet (kidney function, liver enzymes, blood glucose, total protein, CBC)
No, I decline pre-anesthetic blood testing.
- Would you like your pet to receive an application of OraVet Plaque Prevention tooth sealant following the dental cleaning? This sealant creates an invisible barrier to prevent plaque and tartar forming bacteria from attaching to teeth. **Weekly reapplication is required.

Yes, seal my pet's teeth to slow down the future buildup of plaque and tartar.
No, thanks.
- There is a new vaccine available to aid in the control of severe periodontal disease. This does not replace daily brushing or prevent plaque and tartar buildup. The vaccine is effective in helping control the bacteria that lead to periodontal disease, bone loss around the teeth, and subsequent tooth loss. The initial vaccine needs to be boosted in one month, then every 6-12 months, depending on the severity of the patient's dental disease. Side effects include muscle soreness.
Yes, please vaccinate my pet with the periodontal vaccine.
No, thanks.
I'd like to discuss it with the doctor.
- Please select one of the following options regarding the need for extractions or other unforeseen procedures:
I authorize Dr. _____ to perform dental procedures, extractions, radiography, and minor oral surgery as needed (I understand there will be additional charges for additional services). Additional pain medication or injections may be needed as well.
Please call me first, but proceed with any additional necessary procedures if I am not available.
Please call me before performing any additional dental procedures. I want to give explicit authorization for any procedures. I understand that if I cannot be reached, I will have to schedule a different time to complete the recommended procedures.
- Would you like an estimate for the dental work?
Yes Please note that this is an *estimate* only. Any unforeseen circumstances will be addressed according to your preference in the previous question.
No, I'm comfortable with the doctor proceeding as discussed.

Complications, including death may occur with any anesthetic, surgery, or procedure. Other complications such as vomiting, wound infection, or dehiscence may occur. Other possible complications will be discussed. There is NO guarantee of cure or successful outcome.

I, the undersigned owner or authorized agent, hereby authorize the admitting veterinarian (and his/her associates or assistants) to administer such treatment, surgery, or anesthetics as are necessary to perform the above procedures, and additional procedures that are considered therapeutically and/or diagnostically necessary. I assume responsibility for all charges incurred on behalf of my pet and agree to pay all associated charges at the time of release of same. I hereby certify that I have read and understand this authorization.

Signature: _____ Date: _____

Print Name: _____ Contact #: _____