

# HART ANIMAL CLINIC

## Dental Procedure Consent Form

Owner: \_\_\_\_\_

Pet: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Only after a professional cleaning, oral evaluation and dental x-rays can an accurate description and treatment estimate be given for the severity of your pet's dental disease. For this reason, you have been given a consent form to fill out and bring with you the morning of your pet's procedure. Please note payment is due in full at time of pick up. Cash, check and credit cards (everything except American Express) are accepted.

**Please initial each response.**

**Do we have your permission to professionally clean your pet's teeth?**

\_\_\_\_\_ YES

Cost: \$225 Minimum for dogs  
\$185 Minimum for cats

\_\_\_\_\_ NO

**Do we have your permission to perform dental x-rays of your pet's teeth if our veterinarians deem medically necessary? Please note, dental x-rays are required prior to any extractions or oral surgery.**

Cost: Up to \$115 for dogs

\_\_\_\_\_ YES

Up to \$80 for cats

\_\_\_\_\_ NO

**Should x-rays reveal a bad tooth/teeth, do the veterinarians at Hart Animal Clinic have your permission to extract them if deemed medically necessary?**

Cost: \$40-\$140 or more PER TOOTH

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**In order for us to work within your budget, Do you have a maximum amount that you are able to afford today?** If so, our veterinarians will formulate a treatment plan that works for you. This may include completing some care today and finishing the remaining portion at a later date. The doctor will discuss the treatment performed when you pick up your pet.

\_\_\_\_\_ NO, my budget is unlimited.

\_\_\_\_\_ YES, my maximum budget for today is \$ \_\_\_\_\_

PLEASE TURN OVER>>>

**If your pet is due for his/her vaccinations, please note they are required for pets admitted to the hospital and receiving anesthesia.** Please provide any vaccine history that has been done any place other than Hart Animal Clinic.

Cost: Cat or Dog Distemper \$60  
Cat or Dog Rabies \$55  
If both vaccines are needed \$100

**The following are optional procedures. Would you like any additional procedures performed today?**

Please note, Pre-anesthetic bloodwork and heartworm testing are always recommended to further evaluate your pet's ability to safely handle anesthesia. In some cases, our doctors may require pre-anesthetic blood work prior to a dental procedure.

Pre-Anesthetic Blood work \$65 \_\_\_\_\_

Heartworm and Lymes tests \$50 \_\_\_\_\_

Toenail Trim \$22 \_\_\_\_\_

Anal Gland Expression \$24 \_\_\_\_\_

Lymes Vaccination (Dogs only) \$60 \_\_\_\_\_

Canine Influenza Vaccination (Dogs only) \$60 \_\_\_\_\_

Kennel Cough Nasal Vaccination (Dogs only) \$60 \_\_\_\_\_

Feline Leukemia Vaccination (Cats only, previous testing required) \$60 \_\_\_\_\_

**Do you have any additional concerns you would like addressed while your pet is being seen today?**

YES. If so, please explain: \_\_\_\_\_

\_\_\_\_\_

NO \_\_\_\_\_

PLEASE TURN OVER>>>>

I hereby authorize Hart Animal Clinic to perform such diagnostic, therapeutic and surgical procedures as described above. The nature of such services has been described to me to my satisfaction and I realize that no guarantee nor warranty can ethically or professionally be made regarding the results or cure.

Furthermore, I understand that during the performance of the procedure(s) that I have authorized, unforeseen conditions may arise. Therefore, I hereby consent to and authorize the performance of such procedures as are necessary in the exercise of the veterinarian's professional judgment. I also do hereby acknowledge that I understand that there are no guarantees either expressed or implied that the procedure(s) authorized will be without complications from the unexpected events beyond the veterinarians and hospitals control. I understand, and accept that when anesthesia is involved, there are always inherent risks

I also authorize the clinic staff in an emergency, to follow through with such procedures as seen as necessary for the wellbeing of my pet on a continuing basis until further communication with me. I understand that I assume financial responsibility for all services rendered.

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Owner Signature

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Date

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Contact Number