

W. Wayne Fry, DVM A. Jay Schweizer, DVM Rebecca Tremble, DVM Charity Vuagniaux, DVM Kevin E. Harsha, DVM

Dental	Treatment Co	nsent a	and Release
Client Name:	Patient:		Client Number:
Canine Vaccinations: ☐ Current (Date: ☐ Rabies ☐ DA2PP ☐ Bordetella ☐ ☐ Intestinal Parasite Exam ☐ Other:	Heartworm Test □Rabies □FVRC		accinations: Current: (Date: FVRCP FELV FELV/FIV TEST real Parasite Exam Other:
	Proced	ures	
☐ Routine Prophylaxis (Stage I Periodontal Disease):	Pre-Anesthetic Exam Pre-Anesthetic Blood Profile* Pre-Anesthetic Pain and Antibiotic Injections Ultrasonic Scaling Dental Polish Individual exam of each tooth Sub gingival scaling		
☐ I authorize dental radiographs	■ Each pet varies to the degree of periodontal disease, 75% of pets have underlying disease that can only be identified by dental radiographs.		
☐ I authorize extractions as needed	■ After radiographs (x-rays) are taken, appropriate treatment or extractions will be determined.		
anesthetic profile. These tests are similar to th	could complicate the pro nose your own physician esia. The doctors will mi sely while they are under	cedure. The would run if nimize these r anesthesia.	se conditions may not be detected without a pre- fyou were to undergo anesthesia. I understand that risks by giving anesthetic drugs tailored to your
☐ I DO NOT wish to have an estimate for ☐ I would like an estimate of today's serven ☐ My pet has had no food after 9:00 pm l	vices	no water th	is morning
Phone Number(s) Where You Can Be Reached Today:			
Signature:			Date