



{CLINICADDRESS1}, {CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}
{CLINICPHONE}

Dental Form
{CURRENTDATE[SHORT]}

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:
Sex:

Telephone:

Color:
Markings:
Birth Date:

The veterinarian has recommended that your pet have it's teeth cleaned due to dental disease (i.e. gingivitis, periodontitis, etc). There can be other significant dental problems associated with periodontal disease, such as fractured teeth or abscesses, that require the affected tooth/teeth to be extracted. It is often difficult to determine how many teeth will need extraction until your pet is under anesthesia and the individual teeth are examined. Our goal is to extract only the teeth that will be detrimental to your pet's health.

I have read the above and understand this policy.
{CLIENTUNDERSTANDPOSSIBLETOOTHEXTRACTIONS}

I also understand that if an IV catheter is necessary during the procedure, the hair on either leg or on the neck will be clipped. {UNDERSTANDHAIRMAYBECLIPPEDFORCATHETER}

I grant SWTVMC permission to use my pet's photos or case notes for their website, promotional or educational material, with the understanding that none of my personal information will be revealed.

Yes No

Signature: {CLIENTSIGNATURE}