

**Apple Valley Animal Hospital**  
(540) 678-0202 **DENTAL CONSENT FORM**



Owner: \_\_\_\_\_ Pet: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize and direct the veterinarians of the Apple Valley Animal Hospital to perform a dental prophylaxis on my pet. I understand that any additional procedures and/or treatments may increase the final cost. I understand that the hospital requires all pets be current on their vaccinations, be free of all parasites, and have had a recent physical examination. I realize there is always a risk when anesthetics and other medications are used and when a dental is performed. I also know that results cannot be guaranteed. The doctors have my permission to do what they view necessary for my pet today.

**I understand that some unhealthy teeth may fall out on their own during this dental procedure. Initial** \_\_\_\_\_

The Apple Valley Animal Hospital has medical staffing: Monday through Thursday 8am – 6pm Friday 8am - 5pm and Saturdays 8am - 12pm. If the doctor feels it is necessary, you will be asked to take your pet to the Veterinary Emergency Center for overnight care.

**My pet has had nothing to eat in the last 8 hours. Owner's Initials:** \_\_\_\_\_

**Where can we reach you today?** \_\_\_\_\_

**Estimate** of today's services: \_\_\_\_\_ or [ ] See estimate in file.

**Payment is due when pet is picked up from surgery. Initial** \_\_\_\_\_

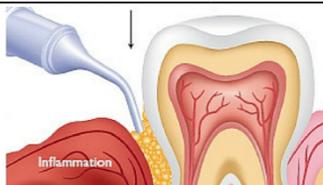
**If the doctor finds something unexpected, I would like the following steps taken:**

- \_\_\_ Do not perform any extra services to my pet.
- \_\_\_ You do not need to call me, do what is best for my pet within \$ \_\_\_\_\_
- \_\_\_ Call me before performing any other services. # \_\_\_\_\_

Just like us humans, I am aware that **pre-surgery blood work** is recommended for the safety of my pet.

[ ] Yes, please do the recommended blood work for my pet today.

[ ] Against medical advice, I am declining bloodwork for my pet today. Sign: \_\_\_\_\_



**If my pet has unhealthy gums** and an antibiotic treatment medically placed under the gums could help heal the gum and help prevent my pet from losing that tooth, please do the treatment. [ ] YES [ ] NO **Initial** \_\_\_\_\_

**(The cost for this is \$85.00 no matter how many teeth need to be treated.)**

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_



Apple Valley Animal Hospital  
1207 Cedar Creek Grade  
Winchester, VA 22602  
540-678-0202

The doctors of the Apple Valley Animal Hospital have recommended the following be done for the welfare of my pet's health. Pet's name \_\_\_\_\_

Against medical advice, I am refusing this treatment/procedure.

I accept the consequences of my decision and will not hold the Apple Valley Animal Hospital liable.

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

Witness: \_\_\_\_\_

Date: \_\_\_\_\_