

# Kindness Animal Hospital

1902 Hallie Rd ~ Chippewa Falls, WI 54729 ~ 715-834-9201

Dr. Charles Arntson

## Dental Consent Form

Owner \_\_\_\_\_ Date \_\_\_\_\_

Patient \_\_\_\_\_

Like you, our greatest concern is the well being of your pet. If acceptable blood work has not already been completed, we will complete this before putting your pet under anesthesia. Results will be reviewed prior to initiating anesthesia. **If any significant abnormalities are detected** – Dr. Arntson will contact you and discuss further diagnostics and/or recommendations.

### Procedures (s)

#### ***Dental cleaning with possible extractions***

In the event that dental extractions, minor dental surgery or dental x-rays are discovered to be needed during the dental cleaning, I authorize the following:

- I authorize Dr. Arntson to do any extractions, x-rays or procedures deemed necessary while under anesthesia
- Please attempt to contact me if anything additional is needed, but proceed if I am not available. **Phone Number where I can be reached** \_\_\_\_\_
- Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand my pet will require an additional procedure under anesthesia at a different time. **Phone Number where I can be reached** \_\_\_\_\_

### Consent to Perform Dentistry:

- \*I am the owner or agent of the animal named above.
- \*I have authority to execute this consent and am over the age of 18.
- \*I hereby authorize and direct Dr. Arntson of Kindness Animal Hospital to perform the above described procedure.
- \*The nature and purpose of the procedure(s) has been explained to me.
- \*I have had the fees outlined to me and I agree to pay all such fees and charges at the time of discharge.
  
- \*I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. If unforeseen conditions arise, in the judgment of the attending veterinarian, and call for treatments other than those now being authorized, I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.

I have read and understand this consent.

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Signature of owner or agent / Date