

**KITTY HAWK ANIMAL HOSPITAL
DENTAL CONSENT FORM**

Depending upon the condition of your pet's teeth and gums, different dental procedures may be necessary. In order to provide each of our clients with the ability to monitor his/her pet's health care, please read the following information and authorize the procedures you would like our veterinarians to pursue, as they see fit.
CIRCLE YOUR RESPONSES:

CLEANING & POLISHING

I **authorize / decline** the cleaning and polishing of my pet's teeth.

EXTRACTIONS

In many patients, after we clean off the dental tartar, we discover that some teeth have become permanently loosened, and we must remove (extract) the loose teeth. ____

DIGITAL DENTAL IMAGES

Our hospital requires that a digital dental image survey (full-mouth) be completed prior to performing any dental procedures. Dental images are necessary to accurately assess the health of individual teeth. This requirement may be waived if your pet has had a full-mouth image taken within the last 24 months.

My pet has had a dental image survey taken within the last 24 months: **YES / NO** Date: ____

CONTROLLING EARLY STAGES OF PERIODONTAL DISEASE

Periodontal disease is responsible for the loss of teeth and the development of heart and kidney diseases. Depending on the severity of the disease, the doctor can prescribe antibiotics to control this problem.

PREFERRED TYPE MEDICATION: [] Injection (cost \$____) [] Tablets/Capsules [] Liquid

TREATMENT OF PERIODONTAL DISEASE

Your pet likely has active periodontal disease; to treat periodontal disease and attempt to halt further tooth loss, it may be necessary to treat the gums directly.

I **authorize / decline** this treatment as recommended by the doctor.

HOME CARE

Taking care of your pet's teeth on a daily basis will help to maintain the clean teeth they leave with today. Our doctors recommend: *(Your dental technician can give you prices on these items.)*

- brushing your pet's teeth daily
- applying Oxyfresh Oral Hygiene Solution to the water bowl
- giving Oravet Dental Chews or Enzymatic Rawhide Chews once daily

I **authorize / decline** taking home one or more of these products recommended by the doctor.

- Please perform whatever procedures & extractions are required at this time.
- Please perform whatever procedures & extractions are required up to \$_____.
- Please do nothing more than the requested dental prophylaxis procedure at this time.
- Please call me if any additional procedures are needed. Do not proceed without authorization.

Signature of Pet Owner/Authorizing Agent

Date