

Schertz Animal Hospital, L.L.P.
Dental Consent Form

Pet's Name:

Owner's Name:

Dental Consent Form

Please read the following information and choose which procedures would best benefit your pet's needs today. Should you have any questions, feel free to ask a staff member or request to speak with a doctor.

Extractions

After cleaning the tartar off of many dental patients, we discover that some teeth have become permanently loosened and must be extracted. I understand that there is an additional cost for extracting teeth depending on the extent of the problem.

Yes I Authorize No I Decline

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, antibiotics can be used to control this problem.

Yes I Authorize No I Decline

Treatment of Periodontal Disease

There is about a 20% chance that your pet has active periodontal disease. To treat periodontal disease and attempt to halt further loss of teeth, it may be necessary to treat the gums directly. The estimated cost of this treatment is an additional \$35 - \$90.

Yes I Authorize No I Decline

PLEASE READ CAREFULLY AND SELECT:

- Perform only the procedures I have authorized
- Please call me before performing additional procedures
Telephone # _____

If I am unavailable when you call:

- Perform whatever procedures necessary

Signature _____ Date _____