



CONSENT FOR DENTAL CARE

I have been informed that my pet is in need of preventive or therapeutic dental care and consent to the appropriate procedures described to me by the staff veterinarians at Dunkirk Animal Hospital.

I have been informed that examinations under anesthesia often reveal abnormally loose teeth that fall out or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I also have been informed that the loss or removal of one or more unhealthy canine teeth occasionally allows for an awkward protrusion of the tongue to one side or the other. Any questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

If your pet requires any extractions (tooth removal), do you require that you be contacted prior to these extraction(s) being performed?

Please initial: Yes_____ No_____

If we are unable to contact you and you require that contact be made, please be aware that your pet will be recovered from anesthesia and any additional dental procedures will need to be scheduled for the future. We will make every attempt to make contact via the telephone number(s) you provide at least once. However, it is your responsibility to be available at those telephone number(s). If you authorize extractions, you are financially responsible for any additional fees incurred in the course of said extractions.



CONSENT FOR MASS REMOVAL

I have presented my pet today with the intent of having _____ (number of) masses removed the by staff veterinarians at Dunkirk Animal Hospital.

I have identified the mass(es) on my pet either by circling the mass(es) with a marker, clipping the hair from around the mass(es) and/or by identifying the location below.

If the location of a mass has not been clearly identified to the satisfaction of the staff veterinarian and we are unable to contact you by telephone in order to confirm the location of the mass we may elect to cancel the surgery.

LESION LOCATION



