



Professional Dental Cleaning

Client# _____
Last Name _____

Date _____
Pet's Name _____

A professional dental cleaning includes the following:

1. Presurgical blood work
2. IV catheter and fluids
3. Gas anesthesia
4. Oral exam
5. Scaling
6. Polishing
7. Irrigating the gums
8. Bath

I understand that after a complete oral exam the veterinarian may deem other procedures necessary (dental x-rays, tooth extraction, etc.) in order to provide proper dental care to my pet. I authorize the performance of procedures without contacting me as long as the cost does not exceed

_____ \$100 _____ \$200 other: \$ _____

If this amount will be exceeded, I must be called before any additional services are rendered. If I cannot be reached:

_____ I authorize Arch Creek Animal Clinic to perform the necessary procedure and understand that I will be charged for the services rendered.

_____ I decline having any additional procedures performed and I understand that by declining such procedures, my pet will not receive proper oral care.

I am willing / not willing to perform dental care for my pet at home (brushing teeth, oral sprays, special diets, etc.)

The number where I can be reached TODAY: _____
An alternate to reach me TODAY: _____

Anesthesia and Surgery Release

I understand that my pet had to undergo general anesthesia for a dental cleaning. The clinic and staff will use all precautions in administering anesthesia to my pet, but I understand that there are some inherent risks to anesthesia and dental surgery and I assume such risks and will not hold Arch Creek Animal Clinic liable.

Signature _____ Date _____