



Anasazi Animal Clinic, Inc.
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"Helping pets live longer . . . healthier lives!"

Consent Form for Dental Care

I, the undersigned owner or agent of the owner of the pet named _____ certify that **I am** _____ **I am not** _____ (check one) eighteen years of age or over. 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 veterinarians or technicians at Anasazi Animal Clinic, Inc. These procedures include but are not limited to: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) oral surgery, 3) gingival flap surgery to close gaps left by extractions, 4) dental radiographs, and 5) antibiotic gel implants.

I am aware that dental procedures for pets require the use of anesthesia to: 1) maximize visualization of the gums, teeth, and oral cavity, 2) minimize movement and discomfort, and 3) provide for the safety of the pet, doctors, and hospital staff. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before these procedures are initiated. Should unexpected life-saving emergency care be required and the attending veterinarian is unable to reach me, the staff has my permission to provide such treatment and I agree to pay for such care.

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. All questions and concerns I have about the recommended dental procedures have been answered to my satisfaction.

I understand that an estimate of the fees for the above dental care will be provided to me and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to pay a deposit of **50 %** of the estimated fees, assume financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged.

Signature of Owner or Agent

Date



"Your Healthcare Partner"