

VETERINARY ASSOCIATES OF CAPE COD, CORP.
SIXTEEN COMMONWEALTH AVE.
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Please print this sheet, fill it out and bring with you at the time of your appointment.

Consent Form for Dental Care

Client's Name _____ Pet's Name _____

Procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am 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 staff veterinarians at Veterinary Associates of Cape Cod. These procedures include but are not limited to: 1) dental prophylaxes (routine teeth cleaning and polishing), 2) extractions, 3) gingival flap surgery to close gaps left by extractions, 4) dental radiographs, 5) antibiotic gel implants, and/or 6) orthodontic work.

I am aware that dental procedures for pets require the use of anesthesia. 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. I am also informed that the loss or removal of one or more unhealthy canine teeth rarely allows for a protrusion of the tongue. Nevertheless, 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 upon request and that I am encouraged to discuss all fees related to such care before services are rendered. I assume financial responsibility for all fees, and will provide payment via cash, credit card, or check at the time my pet is discharged. I agree to pay a monthly billing and financing fee equal to 1.75% of any unpaid balance.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Phone number(s) at which owner or agent can be reached today and/or tomorrow