

# Rye Harrison Veterinary Hospital

170 North Street Rye, New York 10580  
(914) 921-2000

## Dental Treatment Consent

Date of procedure\_\_\_\_\_

Client Name (Last, First)\_\_\_\_\_ Pets Name\_\_\_\_\_

I understand that there are certain factors that may limit the ability to detect every dental problem my pet may have prior to the procedure(s) to be performed today. These include; but are not limited to:

1. Lack of the pet's cooperation to allow complete visualization ( especially of the back teeth) during physical exam.
2. Cavities or fractures hidden underneath thick dental calculus.
3. The fact that many periodontal problems can only be detected through the use of dental radiographs and probing under the gums with appropriate dental instruments.

For that reason, your pet's procedure will include full mouth dental radiographs. These are essential to obtaining a complete and accurate medical assessment of his or her dental health. Bone loss from periodontal disease, as well as root fractures and abscesses, occur below the gum line and can be easily detected by dental radiographs. If left untreated these conditions can lead to loose and painful teeth as well as damage to the heart, liver and kidneys by sending bacteria directly into the bloodstream.

If further problems are detected while my pet is under anesthesia, I would prefer to have them handled as follows:

- \_\_\_\_ 1. Perform any medically necessary procedures, such as extractions of diseased, painful and fractured teeth. I realize that extractions will increase the dental fee. (written estimates will be furnished upon request).
- \_\_\_\_ 2. Please call me FIRST. I will be available at the following telephone number\_\_\_\_\_

# Rye Harrison Veterinary Hospital

---

170 North Street Rye, New York 10580  
(914) 921-2000

If I am not available when you call, (choose either a or b)

\_\_\_\_\_ a) Perform any medically necessary procedures

\_\_\_\_\_ b) Do only that which I have authorized. I understand that my pet may have to return for another visit requiring general anesthesia to complete the dental treatment. In that case I will be charged for the second procedure including anesthesia fees.

Signature \_\_\_\_\_  
Owner or Agent

Date \_\_\_\_\_

## Option To Decline Dental Radiographs

I decline dental radiographs. I understand that there may be potential underlying disease, that can only be detected by dental radiographs. The doctors at Rye Harrison Veterinary Hospital strongly recommend dental radiographs as a way to maximize your investment in your pet's dental health by lengthening the interval between necessary prophylactic procedures.

It has been explained to me that these issues may need to be addressed in the future and my pet may then need another visit requiring general anesthesia to complete the necessary dental treatment. In that case I will be charged for the second procedure, as well as anesthesia fees.

Signature \_\_\_\_\_  
Owner or Agent

Date \_\_\_\_\_