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My pet \_\_\_\_\_ is undergoing anesthesia today to have a dental cleaning and/or possible extraction(s). My doctor has discussed the procedure with me and has given me a detailed treatment plan for review.

The doctors at Northern Plains Animal Health, PC will do everything possible to preserve and maintain the health of your pet's teeth. During the course of the examination and cleaning, loose or decayed teeth may be found. **Unhealthy and decaying teeth can lead to further health complications for your pet including, but not limited to heart disease. Extraction of these teeth may result in unavoidable consequences such as jaw fractures.** If, in the doctor's professional judgement, these teeth should be removed, do you give your consent?

\_\_\_\_\_ Yes, I give my consent for the doctors to use their professional judgment and extract any teeth necessary to maintain my pet's health.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then **I DO** give my consent for the doctors to extract any teeth necessary.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then **I DO NOT** consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed. If this box is checked, then no teeth will be removed without verbal authorization from the owner.

Print Name

Signature

Date

Phone for Consent \_\_\_\_\_

<b>For Hospital Use Only:</b>	
_____	Spoke with owner. OK to extract any teeth necessary
_____	Spoke with owner. Do not extract any additional teeth.
_____	Could not reach owner.
_____ Time Contact Attempted	_____ Initials