

1000 E. Central Road Arlington Heights, IL. 60005 847-670-8470 FAX 847-670-8602

Client:	Patient:	Sex:
Date:	DOB:	Species:
Phone:	Age:	Breed:
Dental Cleaning with Possible	Extractions	
 3) +/- Intravenous cathe 4) General anesthesia 5) Dental Cleaning 6) Extract any teeth dee 7) Polish teeth 8) Apply fluoride treatm 	I work (if not done prior to today) eter and fluid therapy emed necessary by the veterina	rian
In the event that dental extrac my pet's dental cleaning, I aut		are discovered to be needed during
☐ I authorize the attending v while my pet is under anesthe		ons or procedures deemed necessary
☐ Please attempt to contact	me if anything additional is ne	eeded but proceed if I am not available.
		. If I am not available, do not proceed. itional procedure under anesthesia at a
sealant applied to the teeth and	gums AFTER the cleaning to primperative to keep up with den	ow up treatment. Oravet comes as a rotect against plaque and tartar OR it is tal care at home to help slow down the uld prefer.
☐ Apply Oravet Sealant	☐ Send Home Oravet Chews	5
I have read and understand th	nis consent.	
Owner/Authorized Agent		Data

Phone number(s) where I can be reached today