



# The Calvert Well Pet Clinic



## Consent to Perform Dentistry

**Calvert Well Pet Clinic**  
2240 Solomons Island Road  
Huntingtown, Maryland 20639

Owner (include agent if owner not present) PRINT: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_ Patient: \_\_\_\_\_

Species:  Canine  Feline Sex:  Female  Male  Neuter  Spay Breed: \_\_\_\_\_ Color: \_\_\_\_\_

**Procedure(s):**

***Dental cleaning with possible extractions***

In the event that dental extractions or minor dental surgery are discovered to be needed during my pet's dental cleaning, I authorize the following:

- Bloodwork (5 years and older) has been completed
- I authorize the attending veterinarian to do any extractions, or procedures deemed necessary while my pet is under anesthesia
- Please attempt to contact me if anything additional is needed but proceed if I am not available
- Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand this may mean my pet will require an additional procedure under anesthesia at a different time.

**Consent to Perform Dentistry:**

- I am the owner or agent of the animal described above.
- I have authority to execute this consent and am over the age of 18.
- I hereby authorize and direct the veterinarians of The Calvert Well Pet Clinic to perform the above described procedure(s).
- The nature and purpose of the procedure(s) has been explained to me and I understand that no guarantee exists as to the result of diagnosis and treatment of the said animal.
- I have had the fees outlined to me and agree to pay all such fees and charges at the time of discharge.
- I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. If unforeseen conditions arise, in the judgement of the attending veterinarian, call for procedures or treatments other than those now being authorized. I authorize such procedures if reasonable efforts to contact me for further consent are unsuccessful.
- I have read and understand this consent.

\_\_\_\_\_  
Signature of owner or agent

\_\_\_\_\_  
Date

Home Dental Care: Always remember – **GOOD TO CHEW**    **BETTER TO RINSE**    **BEST TO BRUSH**