

Non-Anesthetic Dental Cleaning Consent Form

Client's information

Owner: _____ Ph: _____

Email: _____

Pet's Name: _____ Breed: _____ Years: _____

Gender: ☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female

Dental History

What type of cleaning has your pet had?

☐ Anesthetic dental ☐ Non-anesthetic dental ☐ None

Did your pet had any teeth extractions?

☐ Yes ☐ No

Last Dental Cleaning Date

Medical Conditions

<div><div>♥ Heart</div><div><input type="checkbox"/> Congestive heart failure</div><div><input type="checkbox"/> Heart murmur</div><div><input type="checkbox"/> Cardiovascular disease</div><div><input type="checkbox"/> Tachycardia</div><div><input type="checkbox"/> Bradycardia</div></div>	<div><div>🫁 Respiratory</div><div><input type="checkbox"/> Collapsing trachea</div><div><input type="checkbox"/> Pulmonary embolism</div><div><input type="checkbox"/> Coughing</div><div><input type="checkbox"/> Increased breathing rate</div><div><input type="checkbox"/> Shallow breathing</div></div>
<div><div>🔍 Internal Organs</div><div><input type="checkbox"/> Kidney disease</div><div><input type="checkbox"/> Liver disease</div><div><input type="checkbox"/> Gastritis</div><div><input type="checkbox"/> Intestinal issues</div></div>	<div><div>🦴 Orthopedic</div><div><input type="checkbox"/> Back pain/problems</div><div><input type="checkbox"/> Neck pain/problems</div><div><input type="checkbox"/> Hip pain</div><div><input type="checkbox"/> Arthritis or Joint issues</div><div><input type="checkbox"/> Luxating patella</div><div><input type="checkbox"/> Old injury or fracture</div></div>
<div><div>⚙️ Autoimmune Disorders</div><div><input type="checkbox"/> Cancer</div><div><input type="checkbox"/> Coagulation Disorders</div><div><input type="checkbox"/> FORL (only show if the pet is a cat)</div></div>	<div><div>💉 Endocrine</div><div><input type="checkbox"/> Hyperthyroidism</div><div><input type="checkbox"/> Hypothyroidism</div><div><input type="checkbox"/> Cushing's disease</div><div><input type="checkbox"/> Addison's disease</div><div><input type="checkbox"/> Diabetes</div></div>
<div><div>🧠 Neurological</div><div><input type="checkbox"/> Brain tumors</div><div><input type="checkbox"/> Epilepsy</div><div><input type="checkbox"/> History of seizures</div><div><input type="checkbox"/> Tremors</div><div><input type="checkbox"/> Head injury</div></div>	<div><div>🤰 Pregnancy</div><div><input type="checkbox"/> Pet is in heat</div><div><input type="checkbox"/> Pregnant</div><div><input type="checkbox"/> Currently nursing</div></div>
<div><div>👂 Senses</div><div><input type="checkbox"/> Blind</div><div><input type="checkbox"/> Deaf</div></div>	<div><div>🔪 Surgery</div></div>

Behavioral Conditions

😡 Aggressive

☐ People ☐ Dog & Cat ☐ Cage Shy ☐ Restraining

😬 Timid

☐ Face Shy ☐ Fear Biter

I hereby certify that I am the owner of the above-named animal or am responsible for it and have the authority to execute consent form. I have provided all information regarding my pet's medical and behavioral history on this form prior to my pet's Non-Anesthetic Dental. I hereby authorize the following procedure:
Non-Anesthetic Dental Cleaning.

Signature: _____ Date: _____