



Aggie Animal Dental Center
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CLIENT: **{ContactFirst} {ContactLast}**
{ContactSecondaryFirst} {ContactSecondaryLast}
PET: **{AnimalName}**, {AnimalAgeYears}y {AnimalAgeMonths}m {AnimalSexShort} {AnimalBreed}
DATE: {ConsultDate}

CONTRACT FOR ORTHODONTIC TREATMENT

I, _____, am the owner of {AnimalName}, the animal described above, who has been diagnosed with a traumatic malocclusion.

I understand that failure to treat this malocclusion can lead to permanent damage to {AnimalName}'s other teeth and their supporting bone and/or {AnimalName}'s palate. I have been informed of the alternatives to orthodontic treatment, which include extraction or crown amputation + vital pulp therapy of the teeth causing trauma. I am electing orthodontic treatment in order to conserve {AnimalName}'s teeth while restoring a comfortable, non-traumatic occlusion. I confirm that orthodontic treatment is not being performed for the purposes of disguising the malocclusion. I have been informed that the condition for which my pet is being treated is likely genetic in origin and therefore may be heritable, and I have been advised not to breed {AnimalName}. I am aware that AKC regulations prohibit showing of any animal which has been altered in any way, and that the American Veterinary Medical Association considers it unethical to perform orthodontic treatment for the purpose of concealing a genetic abnormality. **Initial:** _____

I understand that orthodontic treatment will not change the length of {AnimalName}'s jaw bones but will move specific teeth into a new position. I understand that at least 2 episodes of general anesthesia are required for orthodontic treatment, with the possibility for additional procedures under general anesthesia during the course of treatment. I am placing a deposit that is expected to cover the full treatment cost, and if fewer than 3 general anesthetic episodes are required, some of that deposit will be returned to me. If more than 3 anesthetic episodes are required, additional fees will apply that may not be covered by this deposit. **Initial:** _____

I acknowledge that the success of orthodontic treatment depends, in part, upon my actions. I agree to bring {AnimalName} back for recheck examinations every 2-3 weeks or as instructed by the Doctor. I have been informed of the daily maintenance required for {AnimalName}'s orthodontic appliance and agree to perform these actions. I understand that failure to perform these actions may result in oral inflammation, prolonged treatment time, or failure of orthodontic treatment and the need to extract teeth. **Initial:** _____

I recognize that orthodontic appliances are not indestructible and that allowing {AnimalName} to put anything in his or her mouth other than soft food can result in dislodgement or fracture of the appliance. I agree to restrict {AnimalName}'s access to such items by placing a basket muzzle or OutFox Field Guard® if necessary. I understand that if the appliance breaks or falls off, {AnimalName} will have to undergo general anesthesia for replacement of the appliance, and this incurs additional costs. **Initial:** _____

I understand that orthodontic treatment is not guaranteed to resolve {AnimalName}'s traumatic malocclusion and that extraction of teeth or crown amputation/vital pulp therapy may be necessary if orthodontic treatment is unsuccessful. I acknowledge that unsuccessful treatment does not result in a refund of fees paid for orthodontic treatment, or credit towards additional dental procedures if necessary. **Initial:** _____

Signature: _____

TODAY'S DATE: _____