

DENTAL AUTHORIZATION FORM

Date _____ Owner's Name _____ Pet's Name _____

When did your pet last eat? _____ Did you give any meds this morning? _____ If so, what? _____

Consent to perform extractions and necessary procedures

During the procedure, each tooth must be carefully evaluated so the veterinarian can choose the best treatment. To help you avoid surprise charges, a staff member will call you to update this estimate during the procedure if additional services are needed. We recommend completing all needed dental procedures during this visit so you can avoid scheduling another appointment with additional sedation costs.

Please check the options below:

- Perform any necessary procedures and extractions at this time including nerve blocks, pain meds and antibiotics up to \$_____. (\$50-\$300 ABOVE AND BEYOND THE COST OF THE CLEANING depending on type and amount of teeth) I do not require a phone call for approval _____ Initial
- Call me after the dental exam and provide an estimate of any additional procedures. Do not proceed without authorization. You can reach me at ()_____.
- DO NOT provide any other procedures at this time. Even if there are teeth to be extracted I am not interested in proceeding. I understand there may be issues with these teeth in the future, and I will address this at a later date. There is no need to call me, You can tell me at pickup. _____ Initial.

Dental X-ray

80% of dogs and 70% of cats over 3 years old have dental disease. Often disease lies deep below the gum line and may not be obvious on physical exam. Because teeth may look healthy and have hidden disease such as infection and decay, we recommend dental x-rays to look for these problems.

Please check the options below:

____ Yes ____ No Please take dental x-rays of teeth as needed per doctor discretion \$60.00

Other Procedures

- ____ Yes ____ No Please remove the indicated growths or tumors on my pet. (***Please have growth marked**)
- ____ Yes ____ No Please insert a microchip (\$40).
- ____ Yes ____ No Please clean my pet's ears if indicated (\$15).
- ____ Yes ____ No Please express my pet's anal sacs (\$23).
- _X_ Yes If fleas are found my pet will be treated, and I will pay for the treatment (\$20).

Emergency phone number: _____

How do you intend to pay? _____ **Cash** _____ **Check** _____ **Credit Card**

Signature _____ **Date** _____