

Dental Authorization Form



Animal Medical Center
Kansas City

Date _____ Owners Name _____ Pets 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 **ONE** of the options below:

- Perform any necessary procedures and extractions at this time including nerve blocks, pain meds and antibiotics up to \$_____. (\$50-\$400 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 **DURING** the dental procedure and provide an estimate of any additional procedures. Do not proceed without authorization. You can reach me at ()_____.
If you select this option, please be available by phone. Your pet will be under general anesthesia.
- 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 \$84.95

Other Procedures

___ Yes ___ No **IF HERE FOR MASS REMOVAL**, 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 (\$20.30).

___ Yes ___ No Please express my pet's anal glands (\$23.24).

X Yes If fleas are found my pet will be treated, and I will pay for the treatment (\$20).

Emergency phone number: _____

Signature _____ Date _____