Dental Authorization Form

In Hospital Use: Weight-_____

Animal Medical Center
Kansas City

Date _____ Owners Name _____ Pets Name _____

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 select **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 a physical exam. Because teeth may look healthy and have hidden diseases such as infection and decay, we recommend dental x-rays to look for these problems.

[____] Yes [____] No Please take dental x-rays of teeth as needed per doctor discretion $84.95
(***If on a dental plan, the dental x-rays are included if haven't already used***)

Other Procedures

[____] Yes [____] No **IF HERE FOR MASS REMOVAL**, please remove the indicated growths or tumors on my pet. **(***Please have growth marked***)**

Emergency phone number: _____

Signature _____ **Date** _____