

DENTAL CONSENT FORM

Owner Name: _____ Date: _____

Pet(s) Name: _____ Species: _____

A dental exam can help us understand your pet's oral health and aspects of your pet's overall health. As part of your pet's dental exam and cleaning, we will chart their oral health and add that to the permanent health record.

During the exam, we may find teeth that require additional work. We will attempt to call you if unanticipated, non-emergency procedures are needed to correct your pet's dental condition.

However, when we must call you during a procedure, and your permission cannot be obtained, your pet may need to have additional anesthesia and expense at a later date to complete treatment. Instead, if you would like to select one of the following options should unforeseen, non-emergency procedures become necessary. (Please initial **ONE** of the following)

_____ I authorize Dr. _____ to proceed with any additional procedures deemed necessary.

_____ I prefer to be contacted prior to any additional procedures if the charges are more than those listed here. The total charge of such additional procedures should not exceed:

\$150

\$250

\$350

If I cannot be reached, I do not authorize additional, non-emergency procedures.

I can be reached at all times during the day:

Home: _____ Work: _____ Cell: _____

Print Name: _____ Signature: _____ Date: _____