



Dental Authorization

PATIENT: _____ OWNER: _____

PHONE NUMBER TODAY: _____

PROCEDURE: _____

Please answer the following questions:

Yes No

Has your pet been checked for intestinal parasites in the last 6 months? _____

Is your pet allergic to any drugs? _____

Has your pet had any illness or injury in the past 30 days? _____

Any history of seizures and/or previous anesthetic problems? _____

Current medications? _____

During your pet's dental, it may be necessary to extract teeth. This is done when the tooth becomes infected, loose, or is no longer healthy enough to remain. Please initial below to indicate your preference if your pet does need extractions. Extractions are not included in the original dental price.

_____ Perform whatever is necessary up to \$ _____. If more extractions are needed, call.

_____ Call before any extractions are performed.

What is the date of your dog's last heartworm test? _____

Is your dog currently receiving monthly heartworm prevention? _____

If your dog is not current on heartworm test/prevention or above information is not provided, a heartworm test will be performed for an additional \$49.34

Elective Procedures to be done at the same time of surgery: *Please check which apply.*

Yes No

_____ Microchip Identification Implant

_____ Ear Cleaning

_____ Fecal (Internal Parasite Screen)

_____ Update Vaccines _____

Your pet will be hospitalized for medial and/or surgical treatment. In many cases, a general anesthetic will be administered. I hereby certify that I am the owner, or the duly authorized agent of the owner, of the pet described above; that I do give the veterinarian full and complete authorization to perform the above procedures as are considered therapeutically and/or diagnostically necessary. I further understand that no guarantee of successful treatment is made. I have been made aware of and recognize that, in rare instances, there may be adverse drug responses, unusual sensitivity reactions, anesthetic or surgical risks involved in the care of my pet. If hospitalization overnight is required, I understand that my pet will not be continuously monitored through the night. I understand that if my animal is found to have fleas or other external parasites, these will be treated and these costs added to the above-described procedures. **I will assume financial responsibility for all charges incurred to the patient, and agree to pay all such charges at the time of release of such patient**

SIGNED: _____ DATE: _____