



Authorization for Dental Surgery

You must fill out this form AND the Authorization for Anesthesia and/or Surgery

Today's Date: _____ (MM/DD/YEAR)

Client Info:

Full Name: _____

Current Street Address: _____

Patient Info:

Name: _____

Species: _____

Breed: _____

Sex: _____

Date of Birth: _____

Medical Conditions/Allergies: _____

The dental procedure consists of placing your pet under general anesthesia and performing a dental prophylaxis where we thoroughly examine, scale, and polish the teeth. We also do dental radiographs as needed. Often we find that a pet has retained baby teeth and/or diseased permanent teeth that allow bacteria to grow below the gum line; this can cause infection throughout the body and compromise the health of your pet. We therefore recommend the retained baby teeth and diseased permanent teeth be removed. Extraction of teeth is based on the complete dental exam and any radiographs performed while your pet is under anesthesia, therefore the fees for extractions are in addition to the estimate for care you were provided since it is unknown how many extractions will be necessary for your pet's health until the full exam is completed. Please initial how you would like us to proceed with your pet's dental procedure.

Please initial one option:

I authorize the attending veterinarian to perform the dental prophylaxis under anesthesia and to extract any teeth deemed advisable in the exercise of his or her professional judgment.

I authorize the attending veterinarian to perform the dental prophylaxis under anesthesia; however I wish to be consulted by phone before any teeth are removed. I understand that no teeth will be removed if I cannot be reached during the procedure.

I understand that this form is an addendum to the Authorization for Anesthesia and/or Surgery form, and that both of the forms together contain the information necessary to fully understand my pet's procedure.

I have read and fully understand the terms and conditions set forth above.

Owner's Printed Name: _____

Owner's Signature and Date _____