

Dental Authorization & Consent Form

Owner's Name: _____

Pet's Name: _____

Phone Number: _____ (Where you can be reached today)

Did your pet eat/drink today? Yes _____ No _____

If yes, an injection for nausea will be given at an additional cost

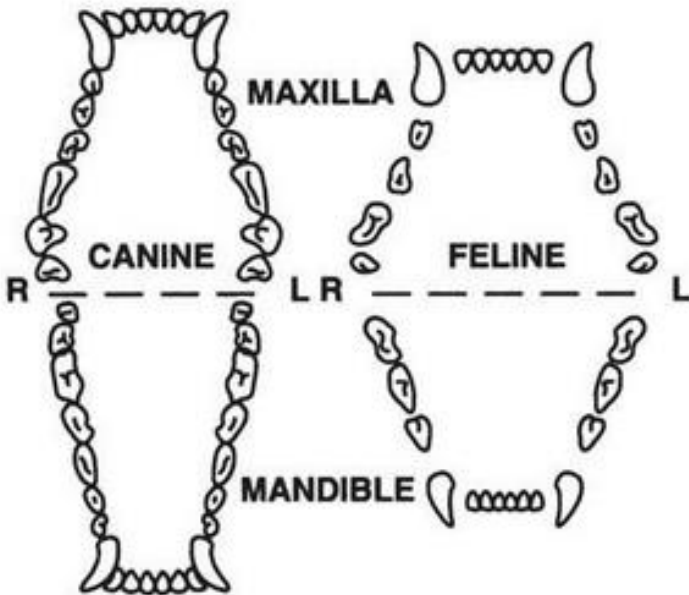
Pre-Anesthetic Bloodwork: Before your pet's dental today, a pre-anesthetic blood profile will be performed in order to maximize your pet's safety. This profile is a small blood panel that checks the kidney and liver functions and how the body will process the anesthesia.

Extractions: Please note any loose or unhealthy teeth will be pulled to ensure the healthiest mouth possible. These teeth will be extracted at an additional cost. Antibiotics and pain medications are prescribed/administered following teeth extractions.

I have read and understand the risks and possible additional costs associated with today's visit.

Signature of Owner Date

CLINIC USE ONLY



CKETA	
CDIAZ	
SUTURES	
PAIN MEDS	
ANTIBIOTICS	
X	MISSING
O	PULLED