

# AUTHORIZATION FOR DENTAL TREATMENT

**All Care Veterinary Hospital  
Coppell, Texas 75019**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

**Surgical authorization:** I authorize and direct the veterinarians and staff of All Care Veterinary Hospital to perform an oral examination, dental cleaning, and dental radiographs on my pet.

Some problems may not be detectable until your pet is under anesthesia and we can probe the gums and remove tartar that may be hiding cavities or fractures. I understand there are risks with dental work including but not limited to fractured jaws and teeth. In case additional problems are detected while your pet is under anesthesia, please initial **one** of the following:

\_\_\_\_ Do whatever is needed, including extractions, to give my pet a healthy oral cavity. I am aware some teeth may be salvageable by a veterinary dentist, however I decline referral for advanced treatment.

\_\_\_\_ I authorize extractions and additional treatment costs of up to \$\_\_\_\_\_. I am aware some teeth may be salvageable by a veterinary dentist, however I decline referral for advanced treatment.

\_\_\_\_ Do only what I have authorized. I understand that additional dental work will require another anesthetic episode to complete the dental treatment.

**Lab work:** Before anesthesia, if possible, we recommend a blood profile to maximize safety and alert the doctor to the presence of diseases that could complicate the procedure. COST \$72.65

YES \_\_\_\_\_ (INITIALS)

NO \_\_\_\_\_ (INITIALS) I have elected to **decline** the recommended pre-anesthetic blood work at this time and request that you proceed with anesthesia. Should complications arise, I assume full responsibility.

What medications is your pet currently receiving and when were they last given?

\_\_\_\_\_

I understand my pet may be shaved in order to administer intravenous fluids during the procedure. The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance have been made as to the results that may be obtained.

Signature of owner or authorized agent: \_\_\_\_\_

Phone numbers where I can be reached **TODAY:**

First choice: \_\_\_\_\_ Second choice : \_\_\_\_\_