

# SOUTHPORT VETERINARY CENTER

## Dentistry Authorization Form

Owner:

Pet:

Date:

\*Procedure: \_\_\_\_\_

\*Today's Telephone Number or Email Address: \_\_\_\_\_

\*Additional notes for the

Dr \_\_\_\_\_

\*Medications patient is current on/last given: \_\_\_\_\_

I am the owner, or the designated representative for the owner, of the above named pet.

I authorize Southport Veterinary Center to administer anesthetic and appropriate medications to my pet, for the dental procedure to be performed. I understand there are potential risks when using anesthetics and performing dentistry / surgery and that no results can be guaranteed.

\*My pet has not eaten since: \_\_\_\_\_

\*I have read and understand the estimate given to me for the above procedure:

\*If fleas are found, I authorize Southport Vet Center to treat my pet for an additional charge up to \$85 or more, depending on the pet's weight:

\*I would like to be notified if charges exceed 15% of the signed estimate:

\*In addition to the estimated oral examination, dental x-rays, scaling, root planing and polishing treatment, I authorize the following elective procedures while my pet is under anesthesia.

YES /  NO - MICROCHIP – A universal permanent I.D. placed under the skin to increase the chance of recovery if lost is \$90.00.

It is often necessary to speak with you after the initial cleaning has been completed due to the discovery of certain unexpected dental problems.

**If we cannot reach you by telephone, please indicate which one statement best applies:**

Do no further work beyond the oral examination, dental x-rays, basic scaling, root planing, and polishing, which has been estimated.

Do only those procedures that will arrest infection or pain on a short term basis. \* Future work may be needed.

Do any and all procedures that will promote good oral health now and in the future.\* This may include for example, x-rays/extraction of one or more teeth.

\* Additional charges will apply for any procedure beyond basic cleaning.

I agree to pay in full all fees for services performed at the time they are rendered.

**SIGNATURE OF OWNER / AGENT: {CLIENTSIGNATURE}**