



pine creek
VETERINARY HOSPITAL

Authorization for Dentistry

Date: _____.

Client Name: _____.

Pet's Name: _____ Species: _____.

Breed: _____ Age: _____ Sex: M / MN / F / FS

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am/am not (check one) eighteen years of age or over and authorize the veterinarian(s) at Pine Creek Veterinary Hospital to perform the dental procedure.

Animal dentistry is an important component of your pets overall health and well-being. The nature of animal (and human) dentistry is such that it makes it very difficult to accurately estimate what will be required until we have your pet under anesthesia and are able to properly assess his or her teeth, gum health, gingival pockets and underlying bone structure. Because of this inherent dilemma, the estimates for dental procedures often have a wide range. **Although we do everything we can to stay within that estimated range, in some cases, your pet's dental disease may require more surgical time and expense than we estimated.**

_____ I agree to assume financial responsibility for ALL fees incurred for the above mentioned medical and/or surgical procedures, and provide payment via cash, credit card, or check at the time my pet is discharged from the hospital.

Please indicate below your wishes concerning your pet's dental procedure today:

_____ I authorize the veterinarian(s) at Pine Creek Veterinary Hospital to perform necessary extractions and radiographs in order to fully assess your pet's oral health and provide proper medical care.

_____ I request the veterinarian(s) at Pine Creek Veterinary Hospital call me before treatment is initiated at the phone number below should they deem radiographs and extractions medically necessary for my pet. Additionally, if the veterinarian(s) at Pine Creek Veterinary Hospital are unable to reach me, I authorize them to proceed with the diagnostics or surgical procedures they deem necessary for my pet's health.

Additional Procedures: _____.

_____ I have been advised of the nature of the dental procedure and the potential risks and benefits. While Pine Creek Veterinary Hospital provides the highest quality of anesthetic monitoring and surgical services, I understand that there are rare and unforeseen complications associated with any anesthetic or surgical procedure and do not hold the staff and doctors at Pine Creek Veterinary Hospital liable for these potential complications. I fully understand these risks and that the veterinarians and hospital staff will do everything they can to minimize such risks. I am aware that conditions which increase risk associated with sedation and anesthesia include: obesity, diabetes, infection, blunt trauma, kidney disease, heart disease, liver disease, cancer, endocrine disease, and extreme stress and anxiety. I understand that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated.

Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____/does not have _____ (check one) my permission to provide such treatment and I agree to pay for such services.

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

Signature of Owner or Agent Date

Phone number(s) at which owner or agent can be reached today.

(_____) _____ Residence (_____) _____ Cellular (_____) _____ Office