

Dentistry Consent Form

In order to minimize the time that your pet spends under anesthesia, it is important that we know your desires before proceeding. This avoids delays involved with us trying to contact you to discuss treatment recommendations and your wishes, or worse yet... us being unable to contact you at all during a point where a crucial decision needs to be made. We do make every effort to contact you with any additional treatment recommendations warranted during your pet's dental cleaning, as we would like you to be an active part of the process

Our cost range for extractions depends on the individual tooth/number of roots and grade of periodontal disease found upon cleaning and further assessment with dental radiographs

(average cost \$50-\$150 per tooth)

Please check the appropriate box(es) below:

I [Click here to enter text.](#) understand that Happy Tails Veterinary Center will make every effort to contact me and I will provide an appropriate number to be able to reach me immediately upon the event that further dental/oral work is recommended for my pet. I understand that if after a minimal period of time has occurred and I am unable to be reached, then I authorize/choose the following for which Happy Tails Veterinary Center to proceed:

- Please do any and all procedures you deem necessary to treat current problems and minimize any pain my pet might experience in the future from ongoing dental disease or any other abnormalities discovered in the mouth and throat. I am aware that this may involve extraction/removal of one or several teeth, oral surgery, taking biopsies or other lab samples as indicated
- Please perform any necessary treatments for my pet but do NOT go above the selected price amount without contacting me prior. I understand that if I am not able to be reached then there may be necessary dental work that will not be performed and I will need to return in the near future to have them addressed at an additional cost to me.
 - Additional Authorized Amount up to \$200
 - Additional Authorized Amount up to \$350
 - Additional Authorized Amount up to \$550

Electronic Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)