

AUTHORIZATION for DENTAL PROPHYLAXIS and TREATMENT

I hereby authorize the Waterhouse Animal Hospital to perform a dental prophylaxis/periodontal debridement on my pet and any additional diagnostic and/or treatment procedures as deemed necessary. The nature of the procedure(s) has/have been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures. I agree to pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. Please initial the appropriate space below.

- I approve dental X-rays at a cost of \$_____
- I approve Propofol anesthesia at a cost of \$_____
- I approve Arestin Periodontal Disease Therapy if deemed necessary at \$_____ per application.
- I approve pain medication for my pet. The use of pain medication, based on my pet's weight will be \$_____. This medication is recommended only if extractions or surgery is performed.

TOOTH EXTRACTION(S)

- I approve any extractions deemed necessary, at an additional fee.
- Please call me prior to any extractions at this phone number _____
If unable to reach me by phone I would prefer that Waterhouse Animal Hospital:
 - not perform necessary extractions.
 - perform necessary extractions.

PRE-ANESTHESIA EVALUATION

For the protection of your pet, we highly recommend a pre-anesthesia blood profile be performed. This will insure that your pet is in a low risk category during anesthesia by ruling out pre-existing internal problems that **MAY NOT BE EVIDENT PHYSICALLY**, but could lead to complications.

The fee for this blood work is \$_____

- I approve pre-anesthesia blood work on my pet.
- I decline pre-anesthesia blood work on my pet fully understanding that *there is an increased risk during anesthesia* without the Veterinarian having full knowledge of my pet's medical health.

Signature

Date

Work phone number

Cell phone number