Dental Procedures

Patients Name: _______________Date of Procedure: ______________

Clients Name: ________________Emergency Phone #:_____________

____ I have been informed that my pet is in need of dental care. I consent to the appropriate procedures described to me by the staff veterinarian and or technician. These procedures include but are not limited to: dental prophylaxes (routine cleaning and polishing), extractions, gingival flap surgery to close gaps left by extractions, and dental radiographs.
____ I am aware that in order for these procedures to be performed on the above said patient that the use of anesthesia is necessary. I understand that some risks always exist with anesthesia and dental procedures and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian or technician before these procedures are initiated.
____ I understand that examinations under anesthesia often reveal abnormally loose teeth that may fallout or should be extracted to prevent oral discomfort and ongoing infection of surrounding bone. I **DO/DO NOT** give Quail Hollow Animal Hospital permission to extract these teeth upon discovery and I will be responsible for the fees occurring from the extractions. Please note; if the procedure must be interrupted to place a phone call to receive permission to extract teeth you will be charged for the additional anesthesia required. I have also been informed that the loss or removal of one or more unhealthy teeth allows for an awkward protrusion of the tongue to one side or the other.
____ I understand that an estimate of the fees for the above dental care will be provided to me and I am encouraged to discuss all fees related to such care before services are rendered. I agree to pay a **deposit of 75%** for the estimated fees, assume all financial responsibility for the remaining fees, and provide payment via cash, credit card, or check at the time my pet is discharged.
____ Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, I **approve / decline** such treatment necessary and I agree to pay for such services.

_____________________________ _____________________________
Signature of Owner or Agent Date