



**Animal Medical Center
Of Casa Grande PLLC**

Periodontal Procedure Authorization Form

Clients Name: _____ Patient's name: _____ Date: _____ Tech: _____

It is difficult to determine if extractions will be needed until after your pet is under general anesthesia- until the calculus/ tartar has been removed from the teeth. If extractions are necessary, there will be additional charges for the extractions, pain medications and anesthesia.

Please read the following options CAREFULLY and initial ONLY ONE choice below:

_____ I authorize extractions, periodontal repair and treatments the veterinarian deems necessary. In making this choice, I understand that I will be required to pay for all additional treatments that are performed when my pet is discharged. If greater than 6 extractions are required, we will notify you at:

_____ PHONE NUMBER

(OR)

_____ I do NOT authorize extractions. By marking this option, I am aware that Animal Medical Center may declined to perform dental work for your pet today.

Please initial your understanding below:

_____ I understand that during the process of having my pets' teeth cleaned that some teeth that are loose may fall out without being extracted.

I have read and understand all the above options.

Client Signature: _____ Date: _____