



**Animal Medical Center  
Of Casa Grande PLLC**

**Dentistry Authorization Form**

Clients Name: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Patient's name: \_\_\_\_\_

***In some cases it can be difficult to tell if extractions will be needed until after your pet is under general anesthesia and all the plaque has been removed from the teeth. If extractions are necessary, there will be additional charges for the extractions, pain medication and anesthesia. Please read the following options and initial ONLY ONE choice below:***

\_\_\_\_\_ I authorize all needed 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 additional treatment is necessary that exceeds my original estimate please contact me at \_\_\_\_\_ **(phone number)** to go over an estimate for the required dental work. I realize in agreeing to this that if you are unable to contact me the treatment will **NOT** be performed at this time.

**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. \_\_\_\_\_ (initial)

I have read and understand all the above options.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

