



**Animal Medical Center  
Of Casa Grande PLLC**

**Periodontal Procedure Authorization Form**

Clients Name: \_\_\_\_\_ Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

***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 up to 6 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). I realize in agreeing to this that if you are unable to contact me the extractions or other treatment will **NOT** be performed at this time.

**(OR)**

\_\_\_\_\_ If extractions, periodontal repair and/or additional treatment are deemed necessary 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 extractions or other 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.

I have read and understand all the above options.

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