



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 or tartar has been removed from the teeth & dental radiographs have been taken.

If extractions are necessary, additional fees may be added.

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

_____ I authorize ANY extractions (up to 42 teeth in the dog and 30 teeth in the cat), 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.

(OR)

_____ I do NOT authorize extractions. By marking this option, I am aware that Animal Medical Center WILL NOT perform dental work for my 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: _____