DENTAL CONSENT FORM
SOUTHSIDE ANIMAL HOSPITAL

Date:_____   Pet's Name: _____

Client/Authorizing Agent Name: _____

Phone Number at which I can be reached immediately and at all times today: _____

Name of Procedure(s):
_____

During this Procedure:

_____   I give permission to do what is medically necessary, including removal of diseased tooth/teeth. I am placing no restrictions on the medical team regarding removal of teeth and give permission for the doctor to remove any/all necessary.

_____   I do **NOT** give permission to do what is medically necessary regarding removal of teeth at this time. If the doctor performing the dental procedure feels it is necessary to remove any tooth/teeth, it is my wish that the doctor call me to discuss extractions prior to removing any teeth. Please realize that the doctor cannot make the decision as to whether any teeth need to be removed until your pet is anesthetized and the dental cleaning is in progress. If you elect to have the doctor call you prior to extracting any tooth/teeth it is essential that you answer our call immediately. Failure to answer our call may mean that the dental procedure is completed prior to speaking with you and no extractions are performed.
I understand that my pet may have to undergo another anesthetic procedure to address dental problems if contact was not possible. I accept all risks and fees associated with another procedure should such an event occur.

It is possible that other fees might be incurred today including antibiotics, pain or other medication(s) as well as fees for other procedures performed, at the request of the client, during the anesthetic procedure.
I understand that the procedures agreed to above will be performed under general anesthesia for my pet today. I am aware of and accept all risks associated with these procedures and I agree to hold harmless the medical team should unanticipated liability arise out of the performance of the procedures above. I agree to pay all charges for today's procedures when my pet is released from the hospital.

Signature of Pet Owner/Authorized Agent:_____