

I authorize the performance of the following procedures: \_\_\_\_\_

**Factors that limit our ability to detect every dental problem your pet might have with just an oral exam can include:**

1. Lack of patient cooperation can impair visualization, especially of back teeth.
2. Many periodontal problems can be detected only by probing under the gum with an instrument.
3. Many problems require intraoral radiographs to diagnose.
4. Dental tartar can hide underlying cavities or fractures.

**If further problems are detected while your pet is under anesthesia, how should they be handled?**

**Choose one of the following:**

- Do whatever is needed to give my pet a healthy oral cavity.
- Please contact me at the phone number below before doing any additional dental procedures.

**If I can't be reached by phone while my pet is under anesthesia, then:**

- Perform whatever procedures are needed.
- Do only what I have authorized. I understand that additional dental work might be required, including another anesthetic episode to complete the dental treatment.

**Phone numbers where I can be reached today:**

**Mobile or Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

Should an emergency arise, calling for procedures in addition to, or different from, those now contemplated, I further request and authorize whatever emergency treatment is needed. I consent to the administration and use of anesthesia. I agree to pay in full for all services rendered, including those deemed necessary for medical or surgical complications or otherwise unforeseen circumstances. I understand that death of my pet could occur due to the use of anesthetics. The nature and purpose of the procedures, possible alternative methods of treatment, risks involved, and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance had been made as to the results that may be obtained.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Pet's Name**

\_\_\_\_\_  
**Date**